


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06586</b> 1. Entity Name ROYAL PALM BEACH SHOPPING PLAZA & MEDICAL CENTER LIMITED	
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Principal Place of Business 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411	Mailing Address 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 23-2055351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SANTAMARIA, JESS R. 255 PONDEROSA COURT ROYAL PALM BEACH, FL 33411-4700	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	SANTAMARIA, JESS R.
STREET ADDRESS	255 PONDEROSA COURT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 334114700
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02/04/08-80005-025 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_