

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25130
 1. Entity Name
ROYAL INDUSTRIAL INT'L LTD. PARTNERSHIP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



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 33411-7635

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-2408458 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JONES, ROBERT D.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: \$350,000.00
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SANTAMARIA, JESS R. 155 GALIANO ST ROYAL PALM BEACH FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	500003279345--2
NAME		CITY - ST - ZIP	-06/07/00--01015--003
STREET ADDRESS			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 4/27/00 (561) 793-2351
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #