


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A31015 1. Entity Name 400 ROYAL PALM WAY LIMITED PARTNERSHIP					
Principal Place of Business 400 ROYAL PALM WAY SUITE 206 PALM BEACH, FL 33480			Mailing Address 400 ROYAL PALM WAY SUITE 206 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02042005 Chg-LP CR2E003 (10/03)	
4. FEI Number 52-1709669				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANNON, ROBERT W C/O 400 ROYAL PALM WAY LIMITED PARTNERSHIP 400 ROYAL PALM WAY, SUITE 206 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;"><small>DATE</small></div>					
9. Capital Contributions as Shown on record. \$5,205,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	S21750			STREET ADDRESS	
NAME	400 ROYAL PALM, INC.			CITY-ST-ZIP	
STREET ADDRESS	400 ROYAL PALM WAY, SUITE 206				
CITY-ST-ZIP	PALM BEACH, FL 33480				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					

STAPLE CHECK HERE

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Robert W. Cannon Vice President* 2/8/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

561-655-3466
Daytime Phone #