FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A31053

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 AM 9: 58



ROYAL DOUGLAS, LTD.							
Mailing Address	Principal Office Address		3. Date Formed or Re	egistered	5a. Capital Contributions as Shown on record.		
1745 S. HIGHLAND CLEARWATER FL 34616			01/02/1991 38. Date of Last Repo	01/02/1991 3a. Date of Last Report		\$280,000.00	
			01/03/1997		5b. Amour Contrib	it of Capital outions in FLORIDA	
2. Mailing Address	28. Principal Office Address	4. State or Country of	Formation	to date			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6, FEt Number					
City & State	City & State	59-3057588		Not Applicable			
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
			O. Make check payabl	e to: Dept. of Sta	te (See reve	se side for fee informa	tion)
9, Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Name					_
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
		City FL Zip Code					
10a. Pursuant to the provisions of sections 620, 1051 an for the purpose of changing its registered office or agent, I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	registered agent, or both, in the State of F is of section 620 192, Florida Statutes. IS A CORPORATION, T BE REGISTERED AI	LIMITED	ge was authorized by its general pa	nner(s). I hereby	accept the a	ppointment of register	ed
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Pariner Box Numbers)	11b. City, State & Zip Co	ode	11c.	Registration/ Document Number	
FROMHAGEN, CARL, JR., MD 1745 S HIGHLAND			CLEARWATER FL			V2	CR2E003 (6/97)
				(プロアーー4 か7 -001 ****541.25	CR2E
-			700	90/21/ -01/21/ *******	060 3801 3.75	017/-002 017/-002 ******8.75	
Note: General partners MAY NOT	be changed on this for	m; an ame	ndment must be file	d to chan	ge a ge	neral partner	
12. Too hereby certify that the information supplied with a corporations from any liability of non-compliance with this annual report is true and accurate and that my significant accurate and that my significant accurate the control of the contro	n Section 119.07(3)(k) in the event that the gnature shall have the same legal effects a	information suppl	ied is deemed exempt from public a	ccess. I further o	ertify that the	Information indicated	
SIGNATURE Con Ownhoop DATE 12.30.97						7	_
Typed or Printed Name of General Partner Signing Form							_