


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002384
AB

DOCUMENT # A31053	
1. Entity Name ROYAL DOUGLAS, LTD.	

Principal Place of Business 1838 SOUTHWOOD LANE CLEARWATER FL 33764	Mailing Address 1838 SOUTHWOOD LANE CLEARWATER FL 33764
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
2003 AUG -8 PM 4:16

**DAVIDSON OF CORPORATIONS
TALLAHASSEE, FLORIDA**



4. FEI Number 59-3057588		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32301		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. 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.

9. Capital Contributions as Shown on record. \$280,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	SUTTON, SHARON	CITY-ST-ZIP	500021629025
STREET ADDRESS	1838 SOUTHWOOD LANE		06/08/03--01015--002 **\$76.25
CITY-ST-ZIP	CLEARWATER FL 33764		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	500021629025
STREET ADDRESS			07/17/03--01067--008 **\$50.00
CITY-ST-ZIP			
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STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (4/03)

STAPLE CHECK HERE