

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A92000000038			
1. Entity Name ROYAL PALM LAKES, LTD.			
Principal Place of Business 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931		Mailing Address 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	V69698 HERITAGE PARTNERS GROUP II, INC. 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH FL 32931	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N980000000959 National Development Foundation, Inc 4250 Alafaya Trail #212-330 Oviedo, FL 32765-9424	STREET ADDRESS CITY-ST-ZIP	200003819732--1 -03/09/01--01010--004 ****150.00 ****150.00
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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: <i>Jacqueline McPhillips</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 1-23-01 (321) Daytime Phone # 799-4090	

FILED

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DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)