

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A920000000038

1. Entity Name

ROYAL PALM LAKES, LTD.

FILED

02 APR 29 PM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

4. FEI Number

59-3142341

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCPHILLIPS, JACQUELINE

5505 N. ATLANTIC AVENUE, SUITE 115  
COCOA BEACH FL 32931

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000

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 # V69698  
NAME HERITAGE PARTNERS GROUP II, INC.  
STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 115  
CITY-ST-ZIP COCOA BEACH FL 32931

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N98000000959  
NAME NATIONAL DEVELOPMENT FOUNDATION INC  
STREET ADDRESS 4250 ALAFAYA TRAIL #212-330  
CITY-ST-ZIP OVIEDO FL 32765-9424

STREET ADDRESS

CITY-ST-ZIP

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\*\*\*\*150.00 \*\*\*\*141.25

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

James K. [Signature] VP of the GP 4/26/02 321) 799 4090

Date

Daytime Phone #

CR2E003 (9/01)

0008645 AT