

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE
IN THIS SPACE

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

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

U00000401885
02/02/06 80061-014 500.75
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00

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

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

DOCUMENT # **N98000000959**
NAME **NATIONAL DEVELOPMENT FOUNDATION INC**
STREET ADDRESS **4250 ALAFAYA TRAIL #212-330**
CITY-ST-ZIP **OVIEDO, FL 327659424**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

EXTENSIVE PHONE #