


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A92000000038 1. Entity Name ROYAL PALM LAKES, LTD.		
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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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. # 108		Suite, Apt. #, etc. # 108	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3142341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name <u>KINCAID, JAMES</u> Street Address (P.O. Box Number is Not Acceptable) <u>5505 N ATLANTIC AVE., # 108</u> City <u>COCOA BEACH</u> FL Zip Code <u>32931</u>
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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 James Kincaid DATE 4/20/2007
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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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 CITY-ST-ZIP	V69698 HERITAGE PARTNERS GROUP II, INC. 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	STREET ADDRESS CITY-ST-ZIP	<u>5505 N ATLANTIC AVE., # 108</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<u>200103713162</u> <u>05/01/07 01018 014 **508.75</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: James Kincaid, James Kincaid 4/20/2007 321-799-4090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE