


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 28

DOCUMENT # A92000000058	
1. Entity Name ROYAL SILVERSTONE, LTD.	

Principal Place of Business 921 W. EMMETT STREET KISSIMMEE, FL 34741	Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742-0521
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2. Principal Place of Business - No P.O. Box # 716 Hughey St	3. Mailing Address Suite, Apt. #, etc.
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City & State Kissimmee, FL	City & State
Zip 34741	Country USA



02072008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0370024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAND, RONALD M 921 W. EMMETT STREET KISSIMMEE, FL 34741
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 716 Hughey St City Kissimmee FL Zip Code 34741
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000127323010
 04/30/08--01018--009 **500.00

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 #	L19243
NAME	TRIGON ASSET MANAGEMENT, CORP
STREET ADDRESS	921 W. EMMETT STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	716 Hughey St
CITY-ST-ZIP	Kissimmee, FL 34741
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Ronald M. Hand Date: 3/13/08 Daytime Phone #: 407 846-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE