

# 2002 UNIFORM BUSINESS REPORT (UBR)

000763 AT

DOCUMENT # A94000000624

1. Entity Name  
ROYAL TRIO, LTD.

FILED

02 MAY -6 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
521 W. STATE ROAD 434, SUITE 200  
LONGWOOD FL 32750

Mailing Address  
521 W. STATE ROAD 434, SUITE 200  
LONGWOOD FL 32750

2. Principal Place of Business  
901 Douglas Ave  
Ste 205  
Altamonte Springs FL  
32714 USA

3. Mailing Address  
901 Douglas Ave  
Ste 205  
Altamonte Springs FL  
32714 USA

DUE BY MAY 1, 2002

4. FEI Number 59-3249683  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NEWMAN, WILLIE B  
521 W. STATE ROAD 434, SUITE 200  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
901 Douglas Ave Ste 205  
City Altamonte Springs FL Zip Code 32714

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 DATE 4/30/02  
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. \$5,000,000.00  
10. Amount of Capital Contributions in FLORIDA to date.  
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	STREET ADDRESS	CITY-ST-ZIP	
	NEWMAN, WILLIE B	521 W. STATE ROAD 434, SUITE 200	901 Douglas Ave, Ste 205	Altamonte Springs, FL 32714	
		LONGWOOD FL 32750			
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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: Willie B. Newman, MD General Partner 4/30/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 407-830-4966

CR2E003 (9/01)