


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION

08 MAY -1 AM 11:28

DOCUMENT # A94000000624	
1. Entity Name ROYAL TRIO, LTD.	

Principal Place of Business 901 DOUGLAS AVE., SUITE 205 ALTAMONTE SPRINGS, FL 32714-2057 US	Mailing Address 901 DOUGLAS AVE., SUITE 205 ALTAMONTE SPRINGS, FL 32714-2057 US
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2. Principal Place of Business - No P.O. Box # 219 Spanish Oak Trail	3. Mailing Address 219 Spanish Oak Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03282008 Chg-LP CR2E003 (12/06)

City & State Longwood, Florida	City & State Longwood, Florida
Zip 32779	Zip 32779
Country USA	Country USA

4. FEI Number 59-3249683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NEWMAN, WILLIE B 901 DOUGLAS AVE., SUITE 205 ALTAMONTE SPRINGS, FL 32714-2057	7. Name and Address of New Registered Agent Name Joetta B Newman Street Address (P.O. Box Number is Not Acceptable) 219 Spanish Oak Trail City Longwood, FL Zip Code 32779
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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 Joetta B Newman DATE 4/25/08

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**

**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	
	NEWMAN, WILLIE B		
STREET ADDRESS	901 DOUGLAS AVE., SUITE 205	CITY-ST-ZIP	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327142057		
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700127568817  
 04/30/08--01068--004 \*\*\$70.00

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: Joetta B Newman Joetta B Newman 4/25/08 407-222-1602

Signature and typed or printed name of signing general partner Date Daytime Phone #

(personal representative and  
 surviving spouse of

STAPLE CHECK HERE