## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER NORMAN G. ORGANICA SECRETARY

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DOCUMENT # A9500000517  1. Entity Name									` /	A		
ROYAL N	MGROUP LT	D.							FILE	D		
Principal Place of Business Mailing Address								(01	MAR -5	PH 1. n	o	
C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES FL 33143				NORMAN ORODENKER/TILLINGHAST LICHT PERKINS SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE RI 02903			SECRETARY OF STATE					
2. Principal Place of Business				3. Mailing Address				<b>io io io i</b>	<b>ob</b> ah <b>be</b> hir <b>be</b> hir	<b>80)8</b> 1 <b>9</b> 11 <b>5</b> 1 16 <b>9</b> 11 1881 1891		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			-	City & State			4. FEI Number	13-3840578		Applied For Not Applicable		
Zip Country				Zip Country				5. Certificate of	Status Desired		3.75 Additional e Required	
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent					
AXELROD, ALAN D P.A.							Address (F	ddress (P.O. Box Number is Not Acceptable)				
C/O BILZIN SUMBERG DUNN & AXELROD, LLP 2500 FIRST UNION FINANCIAL CENTER												
MIAMI FL 33131						City	ity FL Zip Code					
8. The above	named entity	submits this star	tement for the r	ourpose of changing its	register	ed office o	r registere	ed agent or both	in the State of Flori		<b></b>	
9. Capital Coras Shown of	ontributions	or printed name of regist	stered agent and title if	if applicable. (NOT  10. Amount of Capit in FLORIDA to d	tal Contrib		ture required v	when reinstating)	11. MAKE CHECK		DEPT. OF STATE	
* ***	NOTE:	iENERAL PAR General Parti	TNER THAT	IS A BUSINESS EN T be changed on t	TITY M	UST BE	REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.		
12.		GENERAL F	PARTNER INFO		13.	,			ADDRESS CHAN	NGES ONLY		
NAME	ROYAL MGP CORP. 156 WEST 56TH ST., 12TH FLOOR				ET ADDRESS		o Norman G. Orodenker, Esq. Weybosset Street, 10th Floor					
					-ST-ZIP		vidence, RI 02903					
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14. I hereby co indicated of the receive	ertify that the on this report er or trustee e	information supp is true and accur impowered to exi	lied with this fill rate and that my ecute this repor	ing does not qualify for y signature at all have t it as required by Chapt	the exenthe same ter 620, F	nption stat legal effec lorida Stat	ed in Sect at as if ma utes	tion 119.07(3)(i), F ide under oath; tha	Florida Statutes. I fu at I am a General P	urther certify the vartner of the	that the information limited partnership or	

2/6/01