

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000517

1. Entity Name

ROYAL MGROUP LTD.

Principal Place of Business

C/O SOUTHEAST CENTERS
1541 SUNSET DR., STE. 300
CORAL GABLES FL 33143

Mailing Address

NORMAN ORODENKER/TILLINGHAST LICHT PERKINS
SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL
PROVIDENCE RI 02903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

13-3840578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AXELROD, ALAN D P.A.

C/O BILZIN SUMBERG DUNN & AXELROD, LLP

2500 FIRST UNION FINANCIAL CENTER

MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # P95000017674
NAME ROYAL MGP CORP.
STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR
CITY-ST-ZIP PROVIDENCE RI 02903

STREET ADDRESS

CITY-ST-ZIP

100004850701--5

01/31/02--01050--011

****141.25 ****141.25

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CITY-ST-ZIP

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 the reports required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NORMAN G. ORODENKER 1/9/02 401-452-1200

Date

Daytime Phone #

CR2E003 (9/01)

0020763 SP

FILED

02 JAN 28 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

