

***2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

FILED

04 JAN 26 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 LIGHT 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

01082004

Chg-LP

CR2E003 (10/03)

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

AXELROD, ALAN D P.A.
C/O BILZIN SUMBERG DUNN & AXELROD, LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600027621066
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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 this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Norman G. Orodener*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman G. Orodener, Secretary

1/20/04

401-456-1333

Date

Daytime Phone #

STAPLE CHECK HERE