


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A95000000517		
1. Entity Name ROYAL MGROUP LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 9:53

Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES FL 33143	Mailing Address NORMAN ORODENKER/TILLINGHAST LIGHT PE SMITH & COHEN LLP/10 WEYBOSSET ST 10T PROVIDENCE RI 02903
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Handwritten initials



1ST MOORE CR2E003 (10/04)

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info	

**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 CITY - ST - ZIP	P95000017674 ROYAL MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE RI 02903	STREET ADDRESS CITY - ST - ZIP	
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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 the undersigned 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 authorized to prepare this report as provided by Section 620, Florida Statutes.

SIGNATURE: *Handwritten signature*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
DATE: 2/1/05 **DAYTIME PHONE #:** 401-456-1200