

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000517</b>					
<b>1. Entity Name</b> ROYAL MGROUP LTD.					
<b>Principal Place of Business</b> C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143			<b>Mailing Address</b> NORMAN ORODENKER/TILLINGHAST LIGHT PERKINS SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE, RI 02903		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> Norman Orodener/Tillinghast Light LLP Suite, Apt. #, etc. <b>10 Weybosset Street, 10th Fl.</b> City & State <b>Providence, RI</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0112006    Chg-LP    CR2E003 (11/05)	
City & State		City & State <b>Providence, RI</b>		<b>4. FEI Number</b> 13-3840578	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		02903	
<b>6. Name and Address of Current Registered Agent</b>  AXELROD, ALAN D P.A. C/O BILZIN SUMBERG DUNN & AXELROD, LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number Is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b>				U000000399719 02/01/06-80024-003 500.00 DATE	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P95000017674	<b>NAME</b> ROYAL MGP CORP.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> %NORMAN G ORODENKER/10 WEYBOSSET ST..10FLR	<b>CITY-ST-ZIP</b> PROVIDENCE, RI 02903		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>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</b>					
<b>SIGNATURE:</b>			1/13/06 401-456-1200		
Signature and Typed or Printed Name of Signing General Partner Norman G. Orodener, Secretary			Date    Cayman Phone #		

STAPLE CHECK HERE