

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998.



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 29 PM 3: 35

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001319

EMERALD INVESTMENT OF SOUTH FLORIDA, LTD.



Mailing Address

2301 W SAMPLE RD BLDG 3 #2A
POMPANO BCH FL 33073

Principal Office Address

2301 W SAMPLE RD BLDG 3 #2A
POMPANO BCH FL 33073

3. Date Formed or Registered

07/12/1996

3a. Date of Last Report

12/30/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$1,000,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

1,000,000.00

2. Mailing Address

2201 W Sample Rd

Suite, Apt. #, etc.

Bldg #9, Su 1B

City & State

Pompano Beach FL

Zip

33073

Country

Broward

2a. Principal Office Address

2201 W Sample Rd

Suite, Apt. #, etc.

Bldg #9, Su 1B

City & State

Pompano Beach FL

Zip

33073

Country

Broward

6. FEI Number

65-0682222

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

DUBNER, RONALD

2301 W SAMPLE RD BLDG 3 #2A
POMPANO BCH FL 33073

10. If changed, new Registered Agent/Office

Name

Bernard W. Magouff

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

2201 W Sample Road

Suite, Apt. #, etc.

Bldg #9, Su 1B

City

Pompano Beach

FL

Zip Code

33073

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

9/3/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

ROYAL ASSET MANAGEMENT, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6221 WEST ATLANTIC BL

11b. City, State & Zip Code

MARGATE FL 33063

11c. Registration/
Document Number

P96000058633

400002309324-4

-10/01/97--01107--007

****437.50 ****437.50

400002309324-4

-10/01/97--01107--008

****103.75 ****103.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

9/5/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)