

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>			<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A98000002489</b>	
<b>ROYAL OAKS VILLAGE, LTD.</b>			
<b>Mailing Address</b>		<b>Principal Office Address</b>	
<b>1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919</b>		<b>1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address  1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919		Principal Office Address  1520 ROYAL PALM SQUARE BOULEVARD, STE 360 FORT MYERS FL 33919	3. Date Formed or Registered  11/03/1998	5a. Capital Contributions as Shown on record  \$7,500.00
			3a. Date of Last Report	
			4. State or Country of Formation  FL	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address		2a. Principal Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	6. FEI Number  65-0869814	
City & State		City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired  <input checked="" type="checkbox"/>
8. Make check payable to: Dept. of State (See reverse side for fee information)				

<b>9. Name and Address of Current Registered Agent</b>  <b>GALLAGHER, SHELLY A ESQ</b> <b>HARLLEE PORGES HAMLIN KNOWLES BALD &amp; PROUT</b> <b>1205 MANATEE AVENUE WEST</b> <b>BRADENTON FL 34205</b>	<b>10. If changed, new Registered Agent/Office</b>  Name <b>BOWEN A ARNOLD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520-360 NIMAL PALM SR PLZ.</b> Suite, Apt #, etc  City <b>Ft Myers</b> FL <b>33918</b> Zip Code
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**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 2/8/19

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROYAL OAKS VILLAGE, LTD.	1520 ROYAL PALM SQUARE	FORT MYERS FL 33919	P98000089431
		0000002803110--2 -03/11/99-01110--016 ****150.00 ****150.00	

**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

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