

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002489

1. Entity Name

ROYAL OAKS VILLAGE, LTD.

Principal Place of Business  
1520 ROYAL PALM SQUARE BOULEVARD, STE 360  
FORT MYERS FL 33919

Mailing Address  
1520 ROYAL PALM SQUARE BOULEVARD, STE 360  
FORT MYERS FL 33919

2. Principal Place of Business  
Suite, Apt. #, etc.

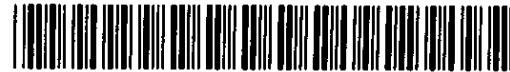
3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED  
01 JAN 20 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869814 Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, BOWEN A  
1520 - 360 ROYAL PALM SQUARE BLVD  
FT MYERS FL 33919

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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	P98000089431 ROYAL OAKS VILLAGE, LTD. 1520 ROYAL PALM SQUARE BOULEVARD STE 360 FORT MYERS FL 33919	STREET ADDRESS CITY-ST-ZIP	INC. 700003623677 -02/02/01--01006--013 ****141.25 ****141.25
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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 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 626, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BOWEN A ARNOLD, ROYAL OAKS VILLAGE, INC.

01/15/01

9412758029

Date Daytime Phone #