

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 15 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DOCUMENT # A99000001804		
1. Entity Name ROYAL PALM STORAGE LIMITED PARTNERSHIP		

Principal Place of Business 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0960431	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLMAN, NANCY B ESQ. 150 EAST PALMETTO PARK ROAD SUITE 750 BOCA RATON, FL 33432		Name NANCY B COLMAN ESQ	
		Street Address (P.O. Box Number is Not Acceptable) 1015 BROKEN SOUND PARKWAY, NE	
		SUITE 102	
		City BOCA RATON	FL Zip Code 33487

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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	P99000093694 ROYAL PALM STORAGE, INC. 8135 LAKE WORTH RD STE B LAKE WORTH, FL 33467	STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	500094624036
		CITY-ST-ZIP	03/23/07--01053--006 **508.75
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		CITY-ST-ZIP	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07 **561-357-0121**
Date Daytime Phone #

STAPLE CHECK HERE