## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # B0500000320  1. Entity Name					SECTION SIME	
ROYAL GULF ACQUISITION L.P.					06 FEB 20 AH 8: 49	
Principal Place of Business Mailing Address						
3211 PONCE DE LEON BLVD., SUITE 202 3211 PONCE DE LEON BLVD., SUITE C/O NEWPORT PROPERTY APARTMENT VENTURC/O NEWPORT PROPERTY APARTME CORAL GABLES FL 33134 CORAL GABLES FL 33134				., SUITE 202 PARTMENT VENT		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/05)	
Cily & State		City & State			4. FEI Number 20 - 3102055 Applied For Not Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name		
SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134				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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title at applicable.  DATE						
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.						
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	RINFORMATION .	13.		ADDRESE GRANGES CHLY	
DOCUMENT # NAME STREET ADDRESS	ROYAL GULF LLC		STRE	ET ADDRESS	## 1000 . 00	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
NAME		-	STRE	EI ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP		
NAME			STRE	ET ADDRESS	1	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
NAME			STRE	TET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			<u> </u>	-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 exercise this executive this executive this executive this executive this executive.						

Constantine Scurtis 01/25/06 (305)446-0010