2005 LIMITED PARTNERSHIP ANNUAL REPORT

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FILED

Due By May 1, 2005				_ Mar 08, 2005 08:00 A
DOCUMENT # B9700000040				Secretary of State
1. Entity Name ROYAL ORLANDO LIMITED PARTNERSHIP				
KOTAL	DREAMOU EMMITED FARTI	CERSITIF		7
Principal Place of Business Mailing Address			/	 }
1389 NORTHGATE CR #101 1605 S. STATE SUITE OVIEDO, FL 32765 CHAMPAIGN, IL 6182				
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt #, etc.		02162005 Chg-LP CR2E003 (10/03)
City & State		City & State		4. FE! Number Applied For 37-1362537 Not Applicable
Zip	Country	Z tp	Country	5. Certificate of Status Desired
ļ. <u> </u>	6. Name and Address of Current	Registered Agent	, No.	7. Name and Address of New Registered Agent
THRASHER, ELWIN III 908 N. GADSDEN STREET TALLAHASSEE, FL 32303			Name	
			Street Address	s (P.O. Box Number is Not Acceptable)
			City	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 obligat	tions of registered agent.	**		
SIGNATURE	Signature, typed or printed name of registered agen	and little if applicable		DATE
9. Capital Contributions as Shown on record. \$1,600,000.00 as Shown on record. \$1,600,000.00				
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 #	M97000000023	THE ONLY HON		ADDRESS CHANGES DIVLY
NAME	ROYAL PROPERTIES L.C.	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	
STREET ADDRESS	1605 S. STATE, SUITE 112		CITY-ST-ZIP	
CITY-ST-ZIP	CHAMPAIGN, IL 61820			
DOCUMENT ≠ NAME			STREET ADORESS	03/08/05-80011-010 526.25
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
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DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS City-St-219			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	, Service Medical		CITY-ST-ZIP	
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 620, Florida Statutes				