

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-02-2007 90186 002 ****50.00
03-30-2007 90035 048 *****5.00

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02272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000016178					
1. Entity Name ROYAL PENNINSULA, L.C.					
Principal Place of Business 3330-B KIRK RD LAKE WORTH, FL 33461			Mailing Address 3330-B KIRK RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 330 KIRK Road Suite, Apt. #, etc. LAKE WORTH FL.			
Suite, Apt. #, etc.		City & State			
City & State		City & State		4. FEI Number 65-1063462	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
33461	P. BEACH	33461	P. BEACH		
6. Name and Address of Current Registered Agent VIZOSO, ANTONIO 3330-B KIRK RD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name: ANTONIO VIZOSO Street Address (P.O. Box Number is Not Acceptable) 3330 KIRK Road City: LAKE WORTH Fla. FL Zip Code: 33461		
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: <u>Antonio Vizoso</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VIZOSO, ANTONIO O		NAME		
STREET ADDRESS	3330-A KIRK RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VIZOSO, LUISA M		NAME		
STREET ADDRESS	3330-A KIRK ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	VIZOSO, FREDERICK		NAME		
STREET ADDRESS	1761 CRESTWOOD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ALEJANDRA, SAYLOR		NAME		
STREET ADDRESS	117 FLAGLER LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Antonio Vizoso</u> 3/20/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					