LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/27/2003-90013-026₁\$\frac{1}{2}\text{0}\dots\text{0}0-\$50.00 DOCUMENT # L02000031849 03 APR 10 AM 10: 46 1. Estity Name ROYAL MANAGEMENT, LLC SECRETARY OF STATE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 300 A Royal Commerce Ro SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-1032660 Ro<u>yal Palm Beach FL</u> Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33411 USA 7. Name and Address of Current Registered Agent Kenneth-A-Treadwel-I DOMOTEWRITE Teel Address (P.O. Box Number is Not Ad 300A RoyalCCommercecRd IN THIS SPACE Royal Palm Beach 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 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE P Wallace D. Sanger NAME 300A Royal Commerce Rd STREET ADDRESS STREET ADDRESS Royal Palm BeachmarFL CITY-ST-ZIP Kenneth A. Treadwell TITLE CLOO 300A Royal CommerceRkoad STREET ADDRESS Royal Palm Beach; FL 33411 CITY-ST-ZIP CITY ST ZIP mie 🖀 TITLE NAME STREET ADORESS STREET ADDRESS DO NOTWRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADDRESS CITY ST ZIP 2 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 managing member or manager of the

ed to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #