


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90013 003 ****55.00

DOCUMENT # L04000071117	
1. Entity Name ROYALE ORLEANS, LLC	

Principal Place of Business 3001 CORAL SHORES DR. FORT LAUDERDALE, FL 33306	Mailing Address 3001 CORAL SHORES DR. FORT LAUDERDALE, FL 33306
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2. Principal Place of Business 2510 E. Oakland Park Blvd.	3. Mailing Address 2510 E. Oakland Park Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33306	Zip 33306
Country United States	Country United States

01092006 Chg-LLC CR2E083 (11/05)

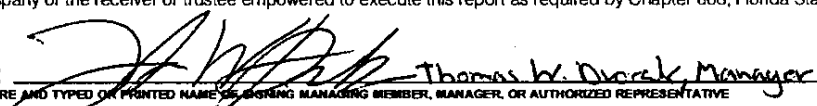
4. FEI Number 65-1233238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DVORAK, THOMAS W 2055 SOUTH KANNER HIGHWAY STUART, FL 34994	
7. Name and Address of New Registered Agent Name Dvorak, Thomas W. Street Address (P.O. Box Number is Not Acceptable) 2510 E. Oakland Park Blvd. City Fort Lauderdale FL Zip Code 33306	

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 1/9/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DVORAK, THOMAS A 3001 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dvorak, Thomas A. 2510 E. Oakland Park Blvd. Fort Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DVORAK, THOMAS W 973 N.W. SPRUCE RIDGE DRIVE, #1 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dvorak, Thomas W. 2510 E. Oakland Park Blvd. Fort Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 1/9/06 (954) 537-1337 Daytime Phone #