

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1. Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90125 034 ***138.75

DOCUMENT # L07000079844 1. Entity Name ROYAL REALTY CAPITAL PARTNERS LLC					
Principal Place of Business 3105 W WATERS AVE STE 107 TAMPA, FL 33614			Mailing Address 3105 W WATERS AVE STE 107 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GOVINDARAJU, SANTOSH 3105 W WATERS AVE STE 107 TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MISTRY REALTY, LLC 17229 EMERALD CHASE DRIVE TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 33646	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARAGON REAL ESTATE HOLDINGS LLC 3105 W WATERS AVE STE 107 TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 606, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			Date: 1/7/2008 (813) Daytime Phone #: 936-5100		

3000100Z



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0341976** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required