

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095343

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: ONE ROYAL PALM PARTNERS, LLC

**Current Principal Place of Business:**

1877 S. FEDERAL HWY, STE. 302  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1877 S. FEDERAL HWY, STE. 302  
BOCA RATON, FL 33432

**New Mailing Address:**

21 SE 5TH STREET  
#100  
BOCA RATON, FL 33432

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELDMAN, PHILIP J. ESQ.  
1877 S. FEDERAL HWY, STE. 302  
C/O FELDMAN & GETZ, LLP  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

ELIAS, HOWARD  
21 SE 5TH STREET  
#100  
BOCA RATON, FL 33432 US

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.

SIGNATURE: HOWARD ELIAS

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ONE ROYAL PALM ASSOCIATES, INC.  
Address: 1877 S. FEDERAL HWY, STE. 302  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ELIAS, HOWARD  
Address: 21 SE 5TH STREET  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HOWARD ELIAS

MGR

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date