# 2001 UNIFORM BUSINESS REPORT (UBR)

535.00

FILED

01 MAY -1 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012161 AF

DOCUMENT # A97000000524

1. Entity Name

HOUSING PARTNERS OF PANAMA CITY, FL., LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 1002 WEST 23RD STREET. SUITE 400<br>PANAMA CITY FL 32405 | 1002 WEST 23RD STREET. SUITE 400<br>PANAMA CITY FL 32405 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3427958 — Applied For / Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HENRY, ROBERT F III<br>1002 WEST 23RD STREET, SUITE 400<br>PANAMA CITY FL 32405 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT : Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $820,518.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | 598978 | STREET ADDRESS | |
| NAME | ROYAL AMERICAN DEVELOPMENT, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1002 WEST 23RD STREET, SUITE 400 | | 100004243331--7 |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | | -05/18/01--01005--001 |
| DOCUMENT # | | STREET ADDRESS | **45187 28 ****535.00 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | BK |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Lavetta J. Rogers, Asst Sec 4/28/01 850/763-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)