2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

DOCUMENT # A01570 1. Entity Name OH APR 30 AM 8: 12 ROYÁL ARMS GARDEN APARTMENTS LIMITED SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA Principal Place of Business 1002 W. 23RD ST. SUITE 400 1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-1394132 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lauretta J. Pippin HENRY, ROBERT F. III Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23RD ST. SUITE 400 1002 W. 23rd St., Ste. 400 PANAMA CITY, FL 32405 Zip Cod 2405 Panama City 8. The above named entity submits this statement for the potential the obligations of registered agen. pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 4/22/04 SIGNATURE DATE 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$\$1,300,000.00 in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 598978 DOCUMENT# STREET ADDRESS NAME ROYAL AMERICAN DEV., INC STREET ADDRESS 1002 W. 23RD ST., #400 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL DOCUMENT # 800036071918 05/11/04--01088--021 **535.00 STREET ADDRESS CHAMPMAN, JOSEPH F., III NAME STREET ADDRESS 1002 W. 23RD ST., #400 CITY-ST-ZIP CITY-ST-ZiP PANAMA'CITY, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 acquired and that by 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 4/22/04 Lauretta J. Pippin, Secretary (850) 769-8981 SIGNATURE: YPED OR PRINT GNING GENERAL PARTNER

Daytime Phone #