2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A01570

1. Entity Name

ROYÁL ARMS GARDEN APARTMENTS LIMITED



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

1002 W. 23RD ST, SUITE 400 PANAMA CITY, FL 32405

Mailing Address

1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405



DO NOT WRITE IN THIS SPACE

01102006 No Cha-LP

CR2E003 (11/05)

4. FEI Number 59-1394132

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W. 23RD ST. SUITE 400

PANAMA CITY, FL 32405

Street Address (P.O. BDOD NOTCE) MORITE

IN THIS SPACE

7. Name and Address of New Registered Agent

City

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. I am familiar with, and accept the obligations of registered agent. U00000543535

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

05/10/06-80140-024 508.75

ADDRESS CHANGES ONLY

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ndment must be filed to change a general partner.

NOTE: General Partners MAY NOT be changed on the form; an amen		
12.	GENERAL PARTNER INFORMATION	13.
DOCUMENT # NAME STREET ADDRESS	598978 ROYAL AMERICAN DEV., INC	STREET ADDRESS
CITY-SI-ZIP	1002 W. 23RD ST., #400 PANAMA CITY, FL	CITY-ST-ZIP
DOCUMENT # NAME	CHAMPMAN, JOSEPH F., III	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	1002 W. 23RD ST., #400 PANAMA CITY, FL	CITY-ST-ZIP
DOCUMENT # NAME		STREET ACCRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		Street address
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME	-	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

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STAPLE CHECK HERE

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

SIGNING GENERAL PARTNER

Date

Daytime Phone #