FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

FILE!)
SECRETARY OF STATE
DIVISION OF CORFORATIONS

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Mailing Address 1002 W. 23RD ST., SUITE #400 PANAMA CITY FL 32405 Principal Office Address 1002 W. 23RD ST., SUITE #400 PANAMA CITY FL 32405 3. Date Formed or Registered 03/14/1978 31. Date of Last Report 12/21/1995 5b. Amount of Capital Contributions in FLORIDA to date	Name of Limited Partnership	~~A06383	A06383					
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2. Mailing Address 2. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signature and Address of Current Registered Agent 10. If changed new Registered Agent 10. If changed new Registered Agent Name Signature and Address of Current Registered Agent 10. If changed new Registered Agent 10. If changed new Registered Agent Name Signature and Address of Current Registered Agent 10. If changed new Registered Agent Name Signature and Address of Current Registered Agent 10. If changed new Registered Agent Name Signature and Address of Current Registered Agent Signature and Address of Current Registered Agent Name Signature and Address of Current Registered Agent Name Signature and Address of Current Registered Agent Signature and Address of Current Registered Agent Name Signature and Address of Current Registered Agent Signature and Address of Current Registered Agent Name Signature and Address of Current Registered Agent Signature and Agent					12/21/1995	Contributions in FLORIDA		
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City & State City & Country Country Country Country Country 7. Conflicted of Status Desired 8. Make check payable to Dept of State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State (See reverse state for the information of the State of Fordia Such changes was subfurized by its general partners). Thereby accept the appointment of registered agent. In manufaction of the State of Fordia Such changes was subfurized by its general partners). Thereby accept the appointment of registered agent. In manufaction of the State of Fordia Such changes was subfurized by its general partners). Thereby accept the appointment of registered agent. In manufaction of the State of Fordia Such changes was subfurized by its general partners). Thereby accept the appointment of registered agent. In manufaction of the State of Fordia Such changes was subfurized by its general partners). The partners of the State of Fordia Such changes was subfurized by its general partners). The partners of the State of Fordia Such changes was subfurized by its general partners. DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partners. ROYAL AMERICAN DEV., INC 1002 W. 23RD ST., \$40 PANAMA CITY FL 598978 COPPORATION of the information supplied with the fing is wounterly furthered and down on quality for the everyption stated in Section 140 07(3), in the cent of business of round everyption of the state of the information appointed of the information appoin	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1838455			
State Country Zep Country State (See recovers educ for the information	City & State	City & State	City & State		7. Certificate of Status Desired	red Vi \$8.75 Additional		
HENRY, ROBERT F. III 1002 W. 23RD ST., SUITE #400 PANAMA CITY FL 32405 Street Address (P.O. Box Number is Not Acceptable) In the State of Tronds State of Tr	Zip Country	Zıp	p Country		ree nequied			
HENRY, ROBERT F. III 1002 W. 2870 ST., \$UITE #400 PANAMA CITY FL 32405 Street Address (P.O. Box Number is Not Acceptable) Sure. Apt #, etc. City FL Zip Codd To Pursuant to the provisions of sections 820 1051 and 820 192 Florids Statutes, the above-named imited partnership organized or registered under the laws of the State of Florids subtenent for the purpose of changing its registered office or registered agent, or both, in the State of Florids Such change was sufficiently in general partner(s). Therefore, accept the approximent of registered agent accepting Approximent of registered agent Accepting Approximent of registered State of Florids Such change was sufficiently in general partner(s). Therefore Accepting Approximent of registered State of Florids State of Florids Such change was sufficiently in general partner(s). The Accepting Approximent of registered Accepting Approximent of registered Accepting Approximent of Florids State of Florids Flori	9. Name and Address of	10. If changed new Registered Agent/Office						
City FL Zp Code To the purpose of changing its registered office or registered agent. Or both in the State of Florida Statutes of Portical Statutes of Port	1002 W. 23RD ST., SUITE #400							
10a, Pursuant to the provisions of sections 620 1051 and 620 1052. Florida Statutes, the above named Imited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s). 11a. (Do NOT Use Post Office Box Numbers). 11b. City, State & Zip Code. 11c. Registratory Decument Number 11b. City, State & Zip Code. 11c. Partnership Decument Number 11c. Do NOT Use Post Office Box Numbers). 11b. City, State & Zip Code. 11c. Partnership Decument Number 11c. Do Not Use Post Office Box Numbers). 11b. City, State & Zip Code. 11c. Partnership Decument Number 11c. Do Not Use Post Office Box Numbers). 11b. City, State & Zip Code. 11c. Partnership Decument Number 11c. P	PANAMA CITY FL 32405		Suite, Apt. #, etc.					
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named I mited partnership organized or registered under the laws of the State of Florida Such change was suthorized by its general partner(s). Thereby accept the appointment of registered agent, or both in the State of Florida Such change was suthorized by its general partner(s). Thereby accept the appointment of registered agent, and accept the obligations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do Not Use Foot Stonies Ben Numbers) 11b. City, State & Zip Code 11c. Registratory Document Number Development Number PANAMA CITY FL 598978 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this fiting is vio untarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fonda Statutes I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deerhood eventpl from public access I further certify that the information indicated on this annual report is true and accurate affinity in signature is that have the same legifications as if made under cent if Littler certify that I am a General Partner of the limited partnership, receiver or trust empowered to executive tills (Royal Statutes). Parties Provided Statutes SIGNATURE			City Zip Code					
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated of this amount report is true and accurate entry entry signature. Shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trus empowered to execute this report at required by chapter 650. Floride Statutes. DATE: 1419/946.	11. Name(s) of General Partner(s)	Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & Zip Code	11c.		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Trelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated of this annual report is true and accurate and tigal my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute this report as required by chapter 639. Florida Statutes. DATE	ROYAL AMERICAN DEV., INC	1002 W. 23RD ST., #	10	PA	ennnn:	onari		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated of this annual report is true and accurate and six my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trust empowered to execute this report as required by chapter 630. Florida Statutes. DATE 1419 96	Note: General partners MA	Y NOT be changed on this fo	m; an am	endme	nt must be filed to ch	ange a g	eneral partner.	
SIGNATURE BOYAL A PROPERTY AND A CONTROL OF THE PROPERTY OF T	12. I do hereby certify that the information sup Corporations from any liability of non-comp this annual report is true and accurate and empowered to execute this report at requi	olied with this filing is voluntarily furnished and does iliance with Section 119.07(3)(k) in the event that the that my signature shall have the same legal effects	not qualify for the	e exemption plied is deer	stated in Section 119.07(3)(k). Florid: med exempt from public access. I furt ler certify that I am a General Partner i	a Statutes Trele her certify that of the limited pa	ease the Division of the information indicated o inthership, receiver or trus	
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