

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06383**

1. Entity Name
GRACELAND MANOR APARTMENTS, LTD.

| | |
|---|--|
| 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 32405-3648 |
|---|--|



2. Principal Place of Business - 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1838455** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, ROBERT F. III
1002 W. 23RD ST., SUITE #400
PANAMA CITY FL 32405

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP | 598978 ROYAL AMERICAN DEV., INC 1002 W. 23RD ST., #400 PANAMA CITY FL | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | CITY - ST - ZIP | <i>52.50</i> <i>88.75</i> <i>88.75</i> <i>150.00</i> |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | 300003281863--2 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | CITY - ST - ZIP | -06/08/00--01073--001 **44346.07 ****150.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: *[Signature]* **J. P. ...** Date: **2/28/00** Daytime Phone #: **850/749-8981**

CR2E003 (9/99)