

2001 UNIFORM BUSINESS REPORT (UBR)

150

FILED

01 MAY -1 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1838455	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HENRY, ROBERT F. III
1002 W. 23RD ST., SUITE #400
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

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 _____ (NOT: 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
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**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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	598978 ROYAL AMERICAN DEV., INC 1002 W. 23RD ST., #400 PANAMA CITY FL
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	208884243242-5
CITY - ST - ZIP	-05/18/01 -01005--001 **45187.28 ****150.00
STREET ADDRESS	BK
CITY - ST - ZIP	
STREET ADDRESS	
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: *[Signature]* **Asst. Sec 4/28/01 850/7688921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0012106 AF

CR2E003 (11/00)