


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr-28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A08795</b> 1. Entity Name <b>LAKEWOOD APARTMENTS, LTD.</b>	
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Principal Place of Business <b>1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405</b>	Mailing Address <b>1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-1988996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PIPPIN, LAURETTA J 1002 W.23RD ST. SUITE 400 PANAMA CITY, FL 32405</b>
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<b>7. Name and Address of New Registered Agent</b>  Name <b>DO NOT WRITE IN THIS SPACE</b>  Street Address (P.O. Box Number Not Accepted)  City <b>FL</b> Zip Code
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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.

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

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

**000000543591**  
**05/10/06-80143-025 508.75**

**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.**

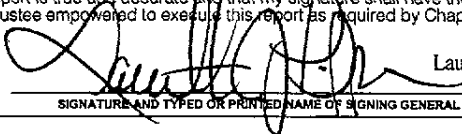
<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT #	<b>598978</b>
NAME	<b>ROYAL AMERICAN DEV INC.</b>
STREET ADDRESS	<b>1002 W. 23RD ST., #400</b>
CITY-ST-ZIP	<b>PANAMA CITY, FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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<b>13. ADDRESS CHANGES ONLY</b>	
STREET ADDRESS	
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**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Lauretta J. Pippin, Secretary**

**4/20/06**

**(850) 769-8981**

Date

Daytime Phone #

STAPLE CHECK HERE