

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

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A08805**

1. Entity Name  
**CHAPMAN ASSOCIATES, LTD.**



Principal Place of Business  
**1002 WEST 23RD STREET, SUITE 400  
PANAMA CITY, FL 32405**

Mailing Address  
**1002 WEST 23RD STREET, SUITE 400  
PANAMA CITY, FL 32405**



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number **59-1989645** 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 STREET  
SUITE 400  
PANAMA CITY, FL, FL 32405**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Numbered for Acceptance)  
City  
**FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

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

1100001539052  
05/09/06-80078-016 500.00

**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 # **F80424**  
NAME **SOUTHERN COASTAL MORT.**  
STREET ADDRESS **1002 W 23RD ST., #400**  
CITY-ST-ZIP **PANAMA CITY FL,**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**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:**

**Lauretta J. Pippin, Secretary**

**4/20/06**

**(850) 769-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE