

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A09312</b> 1. Entity Name <b>PRAIRIE OAKS APARTMENTS, LTD.</b>					
Principal Place of Business <b>1002 W. 23RD ST., SUITE 400</b> <b>PANAMA CITY, FL 32405</b>			Mailing Address <b>1002 W. 23RD ST., SUITE 400</b> <b>PANAMA CITY, FL 32405</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2026498</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>PIPPIN, LAURETTA J</b> <b>1002 W. 23RD ST.</b> <b>SUITE 400</b> <b>PANAMA CITY, FL 32405</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	598978		STREET ADDRESS	100000365965	
NAME	ROYAL AMERICAN DEVELOP.		CITY - ST - ZIP	05/11/05-80024-021 150.00	
STREET ADDRESS	1002 W. 23RD ST., #400				
CITY - ST - ZIP	PANAMA CITY, FL				
DOCUMENT #	CHAPMAN, JOSEPH F., III		STREET ADDRESS		
NAME	1002 W. 23RD ST., #400		CITY - ST - ZIP		
STREET ADDRESS	PANAMA CITY, FL				
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			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					
<b>SIGNATURE:</b>			Lauretta J. Pippin, Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 4/25/05		
			Daytime Phone #: (850) 769-8981		

STAPLE CHECK HERE