

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A09312

1. Entity Name
PRAIRIE OAKS 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**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-2026498	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PIPPIN, LAURETTA J
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 below if Applicable)
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

**U000000543516
05/10/06-80140-016 508.75**

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

**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 # **598978**
NAME **ROYAL AMERICAN DEVELOP.**
STREET ADDRESS **1002 W. 23RD ST., #400**
CITY-ST-ZIP **PANAMA CITY, FL**

DOCUMENT #
NAME **CHAPMAN, JOSEPH F., III**
STREET ADDRESS **1002 W. 23RD ST., #400**
CITY-ST-ZIP **PANAMA CITY, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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