


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A09312</b> 1. Entity Name <b>PRAIRIE OAKS 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**



01102007 No Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent  <b>PIPPIN, LAURETTA J 1002 W. 23RD ST. SUITE 400 PANAMA CITY, FL 32405</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007, 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	

**DO NOT WRITE IN THIS SPACE**

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05/17/07-80071-021 508.75

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** **4/23/07** **(850) 769-8981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE