

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012171 AF

DOCUMENT # **A09767**

1. Entity Name

**LITTLE OAKS APARTMENTS, LTD.**

**FILED**

**01 MAY -1 PM 5:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405</b>	Mailing Address <b>1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2049821</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

**HENRY, ROBERT F., III  
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 is Not Acceptable)  
City **FL** 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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>598978 ROYAL AMERICAN DEVELOP. 1002 W. 23RD ST., #400 PANAMA CITY FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAPMAN, JOSEPH F., III 1002 W. 23RD ST., #400 PANAMA CITY FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>2000004243262-3</b>
CITY - ST - ZIP	<b>-05/18/01--01005--001 **45187.28 ***150.00</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>BK</b>
CITY - ST - ZIP	
STREET ADDRESS	
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

SIGNATURE: *[Signature]* **Signature and typed or printed name of signing general partner** **Date** **4/28/01** **850/768 8981** **Daytime Phone #**

CR2E005 (11/00)