

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 29 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>A11511</b>
<b>PINE MEADOW APARTMENTS, LTD.</b>	

Mailing Address  1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405	Principal Office Address  1002 W. 23RD ST., SUITE 400 <del>CALLER BOX 17</del> PANAMA CITY FL 32405	3. Date Formed or Registered  11/17/1981	5a. Capital Contributions as Shown on record.  \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report  12/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation  FL	
City & State	City & State	6. FEI Number  59-2140434	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired  <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  HENRY, ROBERT F., III 1002 W. 23RD ST. SUITE 400 PANAMA CITY FL 32405	10. If changed, new Registered Agent/Office Name <b>600002741636--5</b> Street Address (P.O. Box Number is Not Acceptable) <b>01/14/99--01065--005</b> Suite, Apt. #, etc. <b>***44881.07 ***150.00</b> City <b>FL</b> Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ROYAL AMER. DEV. INC.  CHAPMAN, JOSEPH F., III	1002 W. 23RD ST., #40  1002 W. 23RD ST., #40	PANAMA CITY FL  PANAMA CITY FL	598978

**T.J.C. JAN 15 1999**  
**IF \$14.25**  
**W/ \$8.75**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Lawretta J. Finner* DATE 12/27/98  
Typed or Printed Name of General Partner Signing Form Lawretta J. Finner, Asst. Sec Daytime Telephone Number 850 764-8981

CR2E003 (8/98)