| UN | IFORM BUSINE | SS REF | PORT (L | JBR) | | FIL | ED | · | |
|--|--|---|----------------------|---------------------|-----------------------|---|-------------------|------------------------------------|--|
| DOCUMENT # A11511 1. Entity Name PINE MEADOW APARTMENTS, LTD. | | | | | | O3 MAY -2 PM 6: 14 TALLATIASSEE FLORIDA | | | |
| Principal Plac 1002 W. 23RD CALLER BOX PANAMA CITY | | Mailing Address 1002 W. 23RD ST SUITE 400 CALLER BOX 17 PANAMA CITY FL 32405 | | | | | | ·- | |
| 2. Principal Place of Business 3. Mailing Addre | | | ess | ; | | | 161 61911 B1811 S | (81) BIBI) BIS IL BIBH (BPI | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2003 | | | |
| City & State | | City & State | | | 4. FEI Number | 4. FEI Number 59-2140434 Applied For Not Applicable | | | |
| Zip Country | | Zip | Zip Country | | 5. Certificate of | Status Desired | | .75 Additional Required | |
| | 6. Name and Address of Current | Registered Agent | | Ţ | 7. Name and A | ddress of New Regi | stered Age | nt | |
| HENRY, ROBERT F., III | | | | Name | | | | | |
| 1002 W. 23RD ST. | | | | Street Address | s (P.O. Box Number i | P.O. Box Number is Not Acceptable) | | | |
| SUITE 40 | = | | | | | | | | |
| PANAMA CITY FL 32405 | | | | City FL Zip Code | | | | | |
| | named entity submits this statement for ions of registered agent. | | anging its registere | ed office or regist | tered agent, or both, | in the State of Florida | a. I am fami | liar with, and accept | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | | DATE | | |
| 9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital in FLORIDA to date | | | | butions | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| | A GENERAL PARTNER I NOTE: General Partners MA | | | | | | | r. | |
| 12. | GENERAL PARTNER | RINFORMATION | 13. | | | ADDRESS CHANG | GES ONLY | | |
| DOCUMENT # NAME | 598978 ROYAL AMER. DEV. INC. | | | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1002 W. 23RD ST., #400 PANAMA CITY FL | | | -ST-ZIP | | • | | | |
| DOCUMENT # NAME | CHAPMAN, JOSEPH F., III | | STRE | ET ADDRESS | 95/02 05/02 | 0 0101 79 2/0301085 | 733 006 | 1513 ***45187.28 | |
| STREET ADDRESS CITY-ST-ZIP | 1002 W. 23RD ST., #400 PANAMA CITY FL | | СІТҮ | | | | | | |
| DOCUMENT # | | | STRE | ET ADDRESS | | · · · · · · · · · · · · · · · · · · · | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STRE | EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | ×. | <u> </u> | | - | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | · | <u> </u> | CITY | -ST-ZIP | A () | | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | 134 | | , | | |
| 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:

CITY-ST-ZIP

RELauretta J. Pippin, Asst. Sec. 4/28/03 (850)769-8981 Date

Daytime Phone #

CR2E003 (10/02)