

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11512

1. Entity Name

SAND DUNES APARTMENTS, LTD.

Principal Place of Business

1002 W. 23RD ST., SUITE 400

~~CALLER BOX 17~~

PANAMA CITY FL 32405

Mailing Address

1002 W. 23RD ST., SUITE 400

~~CALLER BOX 17~~

PANAMA CITY FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2140407

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, ROBERT F., III

1002 W. 23RD ST.

SUITE 400

PANAMA CITY FL 32405

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's signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,098,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 598978
NAME ROYAL AMER. DEV., INC.
STREET ADDRESS 1002 W. 23RD ST., #400
CITY-ST-ZIP PANAMA CITY FL

STREET ADDRESS

CITY-ST-ZIP

700004243417-9
-05/18/01--01005--001
45107.28 *535.00

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

BK

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

535.00

01 MAY -1 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0012150 AF

CR2E003 (11/00)