

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A11513

1. Entity Name
COUNTRY OAKS APARTMENTS, LTD.



Principal Place of Business
1002 W. 23RD ST., SUITE 400
PANAMA CITY, FL 32405

Mailing Address
1002 W. 23RD ST., SUITE 400
PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2140440

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J
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 Not Accepted)

City

FL

Zip Code

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

000000543593
05/10/06-80144-008 508.75
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 DEVELOPMENT, INC.**
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**

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CITY- ST- ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

Date

Daytime Phone #

STAPLE CHECK HERE