## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Apr 27, 2006 08:00 AN Secretary of State

DOCUMENT # A11553  1. Entity Name MOTEL ONE, LTD.				Secre	etary of Sta
	RO ST., SUITE 400 Y, FL 32405	Mailing Address 1002 W. 23RD ST., SUITE 40 PANAMA CITY, FL 32405	90		
-			<u></u>		
	O NOT WO	ITE IN TUIC ODA	· O =	01112006 No Chg-LP CR2	E003 (11/05)
DO NOT WRITE IN THIS SPA			(CE	4. FEI Number 59-2145223	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registere	d Agent
PIPPIN, LAURETTA J 1002 W 23RD STREET SUITE 400			Street Address (P.O. BDO Do NOTCepWRITE IN THIS SPACE		
PANAMA CITY, FL 32405			City		Zip Code
	named entity submits this state tions of registered agent.	ement for the purpose of changing its regist	ered office or register	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable.		DAT	E,
	FIL After Ma	E NOW!!! FEE IS \$500.00 ay 1, 2006, Fee will be \$900.00		Uganons39 US/09/06-800:	391 38-008 500.00
				TERED AND ACTIVE WITH THIS OFF it must be filed to change a general j	
12.	GENERAL P	ARTNER INFORMATION 1	3.	ADDRESS CHANGES	ONLY
DOCUMENT #	598978 ROYAL AMERICAN DEVI	ELOPMENT, INC.	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1002 W. 23RD STREET, PANAMA CITY, FL 32409	<b>=</b> 1	HY-ST-ZIP		
DOCUMENT # NAME	i i		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			HIY-SI-ZIP		
ODCUMENT #		 S	STREET ADDRESS		
STREET ACCRESS CITY-ST-ZIP		c	475-72-77E	DO NOT WRIT	
DOCUMENT #			THEET ADDRESS	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 of true endoughed the execute this report as required by Chapter 620, Florida Statutes

CATY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Lauretta J. Pippin, Secretary

n, Secretary 4/20/06

(850) 769-8981

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\_\_\_\_ Daytime Phone #

Date