


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A11553</b><br>1. Entity Name<br><b>MOTEL ONE, LTD.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1002 W. 23RD ST., SUITE 400<br/>PANAMA CITY, FL 32405</b> | Mailing Address<br><b>1002 W. 23RD ST., SUITE 400<br/>PANAMA CITY, FL 32405</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-LP

CR2E003 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2145223</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PIPPIN, LAURETTA J<br/>1002 W 23RD STREET<br/>SUITE 400<br/>PANAMA CITY, FL 32405</b> |
|---|

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

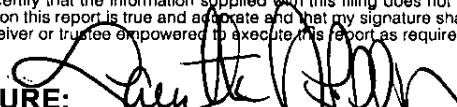
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |   |
|---------------------------------|---|
| DOCUMENT #                      | <b>598978</b>                           |
| NAME                            | <b>ROYAL AMERICAN DEVELOPMENT, INC.</b> |
| STREET ADDRESS                  | <b>1002 W. 23RD STREET, SUITE 400</b>   |
| CITY-ST-ZIP                     | <b>PANAMA CITY, FL 32405</b>            |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |

**DO NOT WRITE IN THIS SPACE**

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05/21/07-80027-024 500.00

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:**  **Laretta J. Pippin, Secretary** **4/23/07** **(850) 769-8981**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE