

2001 UNIFORM BUSINESS REPORT (UBR)

535-00

0012065 AF

DOCUMENT # **A12149**

1. Entity Name

DIXIE GROVE APARTMENTS, LTD.

FILED

01 MAY -1 PM 6:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2164070	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HENRY, ROBERT F.
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 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. \$418,300.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	598978
NAME	ROYAL AMER.DEVELOPMENT
STREET ADDRESS	1002 W. 23RD ST., #400
CITY-ST-ZIP	PANAMA CITY FL
DOCUMENT #	F80424
NAME	SO. COASTAL MORTGAGE CO.
STREET ADDRESS	1002 W. 23RD ST., #400
CITY-ST-ZIP	PANAMA CITY FL
DOCUMENT #	CHAPMAN, JOSEPH F., III
NAME	CHAPMAN, JOSEPH F., III
STREET ADDRESS	1002 W. 23RD ST., #400
CITY-ST-ZIP	PANAMA CITY FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	500004243315--6
STREET ADDRESS	05/18/01 01005-001
CITY-ST-ZIP	**45187.28 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
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: _____

Paul H. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4/28/01** Daytime Phone # **850/764-8981**

CR2E003 (11/00)