



**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

| | | | | | |
|---|-----------------------------------|--|---|---|--------------------------------|
| DOCUMENT # A12149 | | | |  | |
| 1. Entity Name DIXIE GROVE 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PIPPIN, LAURETTA J 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$418,300.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # | \$98978 | | STREET ADDRESS | | |
| NAME | ROYAL AMERICAN DEVELOPMENT, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1002 W. 23RD ST., #400 | | | | |
| CITY-ST-ZIP | PANAMA CITY, FL | | | | |
| DOCUMENT # | F80424 | | STREET ADDRESS | | |
| NAME | SOUTHERN COASTAL MORTGAGE COMPANY | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1002 W. 23RD ST., #400 | | | | |
| CITY-ST-ZIP | PANAMA CITY, FL | | | | |
| DOCUMENT # | CHAPMAN, JOSEPH F III | | STREET ADDRESS | | |
| NAME | 1002 W. 23RD ST., #400 | | CITY-ST-ZIP | | |
| STREET ADDRESS | PANAMA CITY, FL | | | | |
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| 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)(f), 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 | | 4/25/05 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date | | Daytime Phone # (850) 769-8981 |



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-2164070** 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 is Not Acceptable)
 City

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.

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

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SIGNATURE:  Laretta J. Pippin, Secretary 4/25/05 (850) 769-8981

STAPLE CHECK HERE