


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
May 01, 2008 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

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2164070	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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

000000942651
05/29/08-80029-007 508.75

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	F80424
NAME	SOUTHERN COASTAL MORTGAGE COMPANY
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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: *Lauretta J. Pippin* Lauretta J. Pippin, Secretary 4/10/08 (850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #