

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 DEC 29 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A12702
PINELAND APARTMENTS, LTD.	

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
1002 W. 23RD ST., SUITE 400 CALLER BOX 17 PANAMA CITY FL 32405	1002 W. 23RD ST., SUITE 400 CALLER BOX 17 PANAMA CITY FL 32405	06/18/1982	\$21,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/29/1997	
City & State	City & State	4. State or County of Formation	
Zip	Country	FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		59-2202484	
		7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent
HENRY, ROBERT F., III 1002 W. 23RD ST. SUITE 400 PANAMA CITY FL 32405

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ROYAL AMER. DEVEL., INC	1002 W. 23RD ST., #40	PANAMA CITY FL	598978

T.J.C. JAN 15 1999
FF \$ 235.75
CWS \$ 6.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12/27/98
Typed or Printed Name of General Partner Signing Form *Lawretta J. Pippin Asst Sec* Daytime Telephone Number 850 769-8981

CR2E003 (8/98)