

2001 UNIFORM BUSINESS REPORT (UBR)

0012179 AF

DOCUMENT # **A12702**

1. Entity Name

PINELAND APARTMENTS, LTD.

244.50

FILED

01 MAY -1 PM 5:20

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
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-2202484	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

HENRY, ROBERT F., III
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. \$21,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	---

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 AMER. DEVEL., INC
STREET ADDRESS	1002 W. 23RD ST., #400
CITY-ST-ZIP	PANAMA CITY FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	AR -147.00
CITY-ST-ZIP	ARSWP - 88.75 BK
STREET ADDRESS	COS - 8.75
CITY-ST-ZIP	244.50
STREET ADDRESS	200004243522-0
CITY-ST-ZIP	-05/18/01 --01005--001
	45187.28 *244.50

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: *Levitta J. Peden* DATE: **4/25/01** DAYTIME PHONE #: **850/269-8981**

CR2E003 (11/00)