

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A13069

1. Entity Name
WILSON WEST 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



01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2201309	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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Not Acceptable)
City
FL Zip Code

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000543454
05/10/06-80137-020 508.75

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 AM. DEVELOPMENT
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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lauretta J. Pippin, Secretary

4/20/06

(850) 769-8981

Date

Daytime Phone #

STAPLE CHECK HERE