

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT #A14748**

1. Entity Name  
**ROCKY RIDGE 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**



01102006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2344139</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 is 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.

**U00000543530**  
**05/10/06-80140-022 508.75**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 DEVEL.INC**  
STREET ADDRESS **1002 W. 23RD ST., #400**  
CITY-ST-ZIP **PANAMA CITY, FL**

DOCUMENT #  
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CITY-ST-ZIP

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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