

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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

MAY 28 AM 10:46

<b>DOCUMENT # A20348</b> 1. Entity Name GREENBRIAR VILLA APARTMENTS, LTD.				 MAY 28 AM 10:46	
Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405		Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2623919</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name <b>Lauretta J. Pippin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1002 W. 23rd Street, Suite 400</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32405</b>	
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 <small>Signature, typed or printed name of registered agent and date if applicable</small>		Lauretta J. Pippin		4/10/08 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	598978 ROYAL AMERICAN DEV. INC. 1002 W. 23RD ST., #400 PANAMA CITY, FL		STREET ADDRESS CITY-ST-ZIP	200130320262 06/05/08--01039--012 **508.75	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Lauretta J. Pippin, Secretary		4/10/08 <small>Date</small>
			(850) 769-8981 <small>Daytime Phone #</small>		

STAPLE CHECK HERE