


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A20349
 1. Entity Name
 WIND MEADOW APARTMENTS, LTD.



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

DO NOT WRITE IN THIS SPACE



01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number
 59-2570619 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J
 1002 WEST 23RD STREET
 SUITE 400
 PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box or Mailing Address) **DO NOT WRITE IN THIS SPACE**
 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. I am familiar with, and accept the obligations of registered agent.

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

U00000543457
 05/10/06 80137 021 508.75

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 DEV. INC.
STREET ADDRESS	1002 WEST 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	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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:  Laurretta J. Pippin, Secretary Date: 4/20/06 (850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #