

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:32

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



2. Principal Place of Business - No P O Box #
 State, Apt #, etc

01162008 Chg-LP CR2E003 (12/06)

3. Mailing Address
 City & State
 Zip Country

4. FEI Number: 59-2570619
 Applied For: Not Applicable

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

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: **Lauretta J. Pippin**
 Street Address (P.O. Box Number is Not Acceptable): **1002 W. 23rd Street, Suite 400**
 City: **Panama City** FL Zip Code: **32405**

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

Lauretta J. Pippin 4/10/08

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

DATE: 05/30/08
 300130451303
 05/30/08--01007--009 **\$08.75

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 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	

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	

BLT

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]* Lauretta J. Pippin, Secretary 4/10/08 (850) 769-8981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE