

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2636381 Applied For Not Applicable

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

DOCUMENT # A21228
1. Entity Name
BLAIRSTONE APARTMENTS, LTD.



Principal Place of Business Mailing Address
1002 W. 23RD ST., SUITE 400 **1002 W. 23RD ST., SUITE 400**
PANAMA CITY, FL 32405 **PANAMA CITY, FL 32405**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
HENRY, ROBERT F., III
1002 W. 23RD ST.
SUITE 400
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent
Name **Lauretta J. Pippin**
Street Address (P.O. Box Number is Not Acceptable)
1002 W. 23rd St., Ste. 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 *Lauretta J. Pippin* **Lauretta J. Pippin** **4/22/04**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$1,225,600.00** 10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	598978	STREET ADDRESS	
NAME	ROYAL AMERICAN DEV., INC	CITY-ST-ZIP	
STREET ADDRESS	1002 W. 23RD ST., #400		
CITY-ST-ZIP	PANAMA CITY, FL		
DOCUMENT #	695060	STREET ADDRESS	300036080043
NAME	ITC HOLDINGS, INC.	CITY-ST-ZIP	05/12/04-01016-014 **535.00
STREET ADDRESS	1002 W. 23RD ST., #400		
CITY-ST-ZIP	PANAMA CITY, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lauretta J. Pippin* **Lauretta J. Pippin, Secretary** **4/22/04** **(850) 769-8981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE