

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24532**

1. Entity Name  
**23RD AT STANFORD INVESTORS, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-2784774**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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

DATE

9. Capital Contributions  
 as Shown on record.

**\$757,653.00**

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**  
 NAME **ROYAL AMERICAN DEV., INC**  
 STREET ADDRESS **1002 W 23RD ST., #400**  
 CITY - ST - ZIP **PANAMA CITY, FL**

STREET ADDRESS  
 CITY - ST - ZIP  
 05/11/05-80002-002 535.00

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 19.07(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, Secretary**

**4/25/05**

**(850) 769-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE