FILE U. OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 29 PM 4: 3n **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A24696 GATEWOOD APARTMENTS, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 06/12/1987 1002 W. 23RD ST., SUITE 400 1002 W. 23RD ST., SUITE 400 \$270,750.00 3a. Date of Last Report CALLER BOX 17 CALLER-BOX-17--PANAMA CITY FL 32405 PANAMA CITY FL 32405 5b. Amount of Capital Contributions in FLORIDA to date: 12/29/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-2782216 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office HENRY, ROBERT F., III Street Address (P.O. Box Number Is Not Acceptable) 1002 W. 23RD ST., SUITE #400 01/14/99--01065--005 Suite, Apt. #, etc. PANAMA CITY FL 32405 **44881.07 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Fiorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number C. Shers ROYAL AMER. DEV. INC. 1002 W. 23RD., #400 PANAMA CITY FL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

t by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall, have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee