

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A24696 1. Entity Name GATEWOOD APARTMENTS, LTD.	
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Principal Place of Business 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132005	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-2782216		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIPPIN, LAURETTA J 1002 W. 23RD ST., SUITE #400 PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$270,750.00	10. Amount of Capital Contributions in FLORIDA to date.
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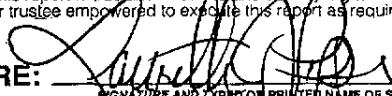
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	598978	STREET ADDRESS	
NAME	ROYAL AMER. DEV. INC.	CITY-ST-ZIP	
STREET ADDRESS	1002 W. 23RD., #400		
CITY-ST-ZIP	PANAMA CITY, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Lauretta J. Pippin, Secretary	4/25/05	(850) 769-8981
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