2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 28, 2006 08:00 AN Secretary of State

DOCUMENT # A246	9)	ļ
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1. Entity Name GATÉWOOD APARTMENTS, LTD.



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



DO NOT WRITE IN THIS SPACE

01102006 No Chg-LP CR2E003 (11/05) Applied For

4. FEI Number 59-2782216

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W. 23RD ST., SUITE #400 PANAMA CITY, FL 32405

Name

Street Address (P.O. BDO be NOT CONTRITE IN THIS SPACE

City

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.

U00000543567 05/10/06-80143-005-508.75

ADDRESS CHANGES ONLY

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.
DOCUMENT #	598978 ROYAL AMER, DEV. INC.	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	1002 W. 23RD., #400 PANAMA CITY, FL	CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT # NAME		STREET ADDRESS
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP
BOCUMENT # NAME		STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP		CITY - ST - ZIP
DOCUMENT #		STREET ADDRESS
STREET ADDRESS City-S1-Zip		CITY · ST · ZIP

SIGNATURE AND TYPED

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 truetee empowered to execute this/region as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

Lauretta J. Pippin, Secretary

PRINTED NAME OF SIGRING GENERAL PARTNER

4/20/06

Date

(850) 769-8981

Daytime Phone #