2001 UNIFORM BUSINESS REPORT (UBR)

535.00

FILED
01 MAY -1 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001123 AF

DO NOT WRITE IN THIS SPACE

DOCUMENT # A26113

1. Entity Name

HUNTERS RUN APARTMENTS, LTD.

Principal Place of Business	Mailing Address
1002 W. 23RD ST.. SUITE 400	1002 W. 23RD ST.. SUITE 400
~~CALLER BOX 17~~	~~CALLER BOX 17~~
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

4. FEI Number 59-2879910 ☐ Applied For ☐ Not Applicable

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

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

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.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $1,375,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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. DEVELOPMENT		
STREET ADDRESS	1002 W. 23RD ST., #400	CITY-ST-ZIP	300004243333--1
CITY-ST-ZIP	PANAMA CITY FL		~~05/10/01--01005--001~~
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CR2E003 (11/00)

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: [signature] Laurel J. Pegan, Asst. Sec. 4/28/01 850/769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #