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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26684**

DIVISION OF CORPORATIONS

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PENSACOLA APARTMENTS, LTD.			WWW WWW WWW WWW WWW WWW WWW WWW WWW WW		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
GALLER BOX 17— 1002 W 23RD ST., SUITE 400 PANAMA CITY FL 32405	-CALLER BOX-17- 1002 W 23RD ST SUITE 400 PANAMA CITY FL 32405		06/30/1988 3a. Date of Last Report 01/05/1998	\$95.00	
	_	<u> </u>	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	6. FEI Number 59-2895406	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)	
	<u> </u>			,	
9_ Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
HENRY, ROBERT F. III 1002 W 23RD STREET SUITE 400		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
PANAMA CITY FL 32405		City FL Zip Code			
10a. Pursuant to the provisions of sections 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 Florida. 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, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	il Partner 446		11c. Registration/	
ROYAL AMERICAN DEVELOPMENT,	1002 W 23RD ST., #400		ANAMA CITY FL	598978	
			-01/20 ****1	7472444 /8301025014 50.00 ****150.00	
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 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 empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE DATE DATE					