2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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

DOCUMENT # A	.327	741
--------------	------	-----

1. Entity Name

SAWGRASS APARTMENTS OF ORANGE BEACH, 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

5. Certificate of Status Desired

59-3112128

Not Applicable

\$8.75 Additional

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405 1. Name and Address of New Registered Age

....

Street Address (P.O. BOOD IN OTCO WRITE
IN THIS SPACE

City

Zip Code

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.

CICNATI (DE

Signature, typed or printed name of registered agent and title if applicable

U00000543390 - 05/10/06-80137-002-508.75

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	STREET ADDRESS
NAME STREET ADDRESS	ROYAL AMERICAN DEV., INC 1002 W. 23RD ST., #400	
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP
DOCUMENT#		STREET ADDRESS
NAME		STREET ADDICESS
STREET ADDRESS		CITY -ST - ZIP
DOCUMENT #		
NAME		STREET ADDRESS
STREET ADDRESS		CITY-ST-ZIP
CITY-ST-ZIP		1111-21-21P
DOCUMENT#		STREET ADORESS
NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT#		
NAME		STREET ADDRESS
STREET ADDRESS		CHY-ST-ZIP
CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS
STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this fitting 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 trusted empowered to effect as required by Chapter 620, Florida Statutes

SIGNATURE!

STAPLE CHECK HERE

Laurctta J. Pippin, Secretary

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/06

(850) 769-8981

le Daytime Phone #