2005 LIMITED PARTNERSHIP ANNUAL REPORT \_\_\_ Due By May 1, 2005

STAPLE CHECK HERE

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

Daytime Phone #

| DOCUMENT # A9200000026  1. Entity Name CAMELLIA GARDENS OF CENTURY, LTD.  |  |                     |                       |  |                       | Sec               | eretary of State               |
|---|--|---------------------|-----------------------|--|-----------------------|-------------------|--------------------------------|
| Principal Place of Business  1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32408  Mailing Address 1002 WEST 23RD STREE PANAMA CITY, FL 32408  Mailing Address 1002 WEST 23RD STREE PANAMA CITY, FL 3240  |  |                     | REET, SUITE 40<br>108 | 0  |                       |                   |                                |
| Principal Place of Business     3. Mailing Address  |  |                     |                       |  |                       |                   |                                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |                       |  | 04132005              | Chg-LP            | CR2E003 (10/03)                |
| City & State  |  | City & State        |                       |  | 4. FEI Number 59-3214 |                   | Applied For Not Applicable     |
| Zip   | Country  | Zip                 | Country               |  |                       | of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent   |  |                     | Nan                   | 7. Name and Address of New Registered Agent Name   |                       |                   |                                |
| PIPPIN, LAURETTA J<br>1002 WEST 23RD ST.<br>SUITE 400   |  |                     |                       | Street Address (P.O. Box Number is Not Acceptable) |                       |                   |                                |
|   | CITY, FL 32405                                       | , ±. <u> </u>       |                       |  |                       |                   |                                |
| 1   |  | _                   | 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. I am familiar with, and accept the obligations of registered agent.   |  |                     |                       |  |                       |                   |                                |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  DATE   |  |                     |                       |  |                       |                   |                                |
| 9. Capital Contributions = \$225,930.00   10. Amount of Capital Contributions in FLORIDA to date.   |  |                     |                       |  |                       |                   |                                |
| 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 PARTNE                                       |                     | 13.                   | menamen  | (nest be med          | ADDRESS CHA       |                                |
| DOCUMENT #<br>NAME  | 598978<br>ROYAL AMERICAN DEVELOPI                    |                     | STREET ADDRE          | :88  |                       |                   |                                |
| STREET ADDRESS<br>CITY+ST+ZIP   | 1002 WEST 23RD ST., STE. 40<br>PANAMA CITY, FL 32405 | _                   | CITY-ST-ZIP           | ]  |                       | HOOOL             | 10365449                       |
| DOCUMENT #<br>NAME  |  |                     | STREET ADDRE          | .SS  |                       | 05/11/05          | -80002-007 s35.00              |
| STREET ADORESS<br>CITY-ST-ZIP   |  | <del></del>         | CITY-ST-ZIP           |  |                       |                   |                                |
| DOCUMENT #<br>NAME  |  |                     | STREET ADDRE          | :35  |                       |                   |                                |
| STREET ADDRESS<br>CITY - \$1 - ZIP  |  | <u> </u>            | CITY-ST-ZIP           |  |                       |                   |                                |
| DOCUMENT #<br>NAME  |  |                     | STREET ADDRE          | iss  |                       |                   |                                |
| STREET ADDRESS<br>CITY - ST - ZIP   |  | ·                   | CITY-ST-ZIP           | <u> </u>   |                       |                   |                                |
| DOCUMENT#<br>NAME   |  |                     | STREET ADDRE          | .82  |                       |                   |                                |
| STREET ADDRESS<br>CITY-ST-ZIP   | ***************************************              | - <u> </u>          | CITY-ST-ZIP           |  |                       |                   |                                |
| DOCUMENT #<br>NAME  |  |                     | STREET ADDRE          | 55   |                       |                   |                                |
| STREET ADDRESS<br>CITY-SY-ZIP   |  |                     | CITY-ST-ZIP           |  | ···                   |                   |                                |
| 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 in 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 precure this report as required by Chapter 620, Florida Statutes |  |                     |                       |  |                       |                   |                                |
| SIGNATURE:  |  |                     |                       |  |                       |                   |                                |