2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

Due By May 1, 2008						SECRETA	RY OF STATE CORPORATIONS		
DOCUMENT # A9200000138						UIVISION OF	CORPORATIONS		
1. Entity Name OUTRIGGER VILLAGE APARTMENTS OF KISSIMMEE, LTD.							AM 10: 46		
Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 33405 Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 33405									
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LP	CR2E003 (12/06)		
City & Stat	e	City & State		4. FEI Number		Applie			
Zip	Zip Country Zip		Cour	itry	59-3148	Status Desired	\$8.75 Addition	plicable al	
6. Name and Address of Current Registered Agent				!	<u> </u>	Address of New Ro	Fee Required		
		Name			giatorea Agent				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (Lauretta J. Pippin Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23 rd Street, Suite 400				
PLANTATION, FL 33324				1002 W. 23 Street, Suite 400					
				City Panama	5 - 1 37405				
8. The above named entity submits this tratement 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 of printed name of registere output and title applicable.					ippin	4/10	/08	_	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.							AGENDATA DE		
DOCUMENT / 598978 NAME ROYAL AMERICAN DEVELOPMENT, INC.			STR	ET ADDRESS	06/05/0801039010 **508.75				
STREET ADDRESS CITY-ST-ZIP	IRLEI ADDRESS 1002 WEST 23RD STREET, SUITE 400			-ST-ZIP					
DOCUMENT # N43835			STR	ET AODRESS			, n		
STREET ADDRESS				-ST-ZIP			- VIII		
OCCUMENT # PANAMA CITY, FL 32401			STR	ET ADDRESS					
NAME STREET ADDRESS				-ST-ZIP					
CHY-S1-ZIP DOCUMENT #			- -	ET ADDRESS					
NAME STREET ADDRESS				- ST - ZIP					
CITY-ST-ZIP DOCUMENT #				·					
NAME STREET ADDRESS				-ST-ZIP					
CITY-S1-ZIP									
NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	cortify that the information our Min in	h this filing does set such		·\$I·ZIP	ed in Change 440	Florida Ctabasa 1	further earlier short the line -	matics	
14. I hereby certify that the information supplied with this filing 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 trustee empowered to execute his report as required by Chapter 620, Florida Statutes									
SIGNATURE:									
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Daile Dayline Phone #									