

2001 UNIFORM BUSINESS REPORT (UBR)

0012168 AF

DOCUMENT # **A94000000354**

1. Entity Name

SPINNAKER REACH APARTMENTS OF DUVAL, LTD.

FILED

01 MAY -1 PM 6:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405 | Mailing Address 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-3230285 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent HENRY, ROBERT F III 1002 WEST 23RD STREET, 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 |
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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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$7,816,452.00 | 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 # NAME STREET ADDRESS CITY-ST-ZIP | 598978 ROYAL AMERICAN DEVELOPMENT, INC. 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405 | STREET ADDRESS CITY-ST-ZIP | 800004243459--8 -05/18/01--01005--001 **45187.28 ***535.00 |
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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]* **RENEITA J. [Signature]** **4/28/01** **850/769-8899**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER. Date Daytime Phone

CR2E003 (11/00)