

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3385149 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DOCUMENT # A96000000665**  
1. Entity Name  
**OAK CREST APARTMENTS OF KANNAPOLIS, LTD.**



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

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
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 **Lauretta J. Pippin**  
Street Address (P.O. Box Number is Not Acceptable)  
**1002 W. 23<sup>rd</sup> St., Ste. 400.**  
City **Panama City** **FL** Zip Code **32405**

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 *Lauretta J. Pippin* **Lauretta J. Pippin** 4/22/04  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$3,102,793.00** 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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	598978	STREET ADDRESS	
NAME	ROYAL AMERICAN DEVELOPMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1002 WEST 23RD STREET, SUITE 400		
CITY-ST-ZIP	PANAMA CITY, FL 32405		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

**600036062866**  
05/11/04--01066--029 \*\*\$35.00

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: *Lauretta J. Pippin* **Lauretta J. Pippin, Secretary** 4/22/04 (850) 769-8981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE