


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A96000000963 1. Entity Name STONECREEK APARTMENTS OF MOORESVILLE, LTD.	
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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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3404625	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIPPIN, LAURETTA J 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		State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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9. Capital Contributions as Shown on record, \$3,135,820.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	S98978	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			

100000365453
 05/11/05-80002-009 535.00

STAPLE CHECK HERE

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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Laretta J. Pippin, Secretary Date 4/25/05 Daytime Phone # (850) 769-8981
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