### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### **DOCUMENT # A96000000963**

1. Entity Name

STONECREEK APARTMENTS OF MOORESVILLE, LTD.



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

FILED
May 01, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LP ·

CR2E003 (12/06)

4. FEI Number 59-3404625

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405

## DO NOT WRITE IN THIS SPACE

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	
Superior broad or protect page that a superior and life of protection	DATE

#### 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.

I	tional definition in the contract of the contr
12.	GENERAL PARTNER INFORMATION
DOCUMENT #	598978 ROYAL AMERICAN DEVELOPMENT, INC.
STREET ADDRESS	1002 WEST 23RD STREET, SUITE 400
CHY-S1-ZIP	PANAMA CITY, FL 32405
DOCUMENT # NAME STRICET ADDRESS CITY+S1-ZIP	
LOCUMENT # NAME STREET ADDRESS CIEY-ST-ZP	
UGCUMENT ≠ NAME SIBLET ADDRESS CITY+ST+ZIP	
DOCUMENT #	

U00000942551 05/29/08-80024-018 508.75

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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 frue and accorded and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to exempt this report as required by Chapter 620, Florida Statutes

SIGNATURE:

HAME
SIBLET ADDRESS
CITY-ST-ZIP
LUCOMENT /
LUCOMENT /
NAM:
SIBLET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GEN

Lauretta J. Pippin, Secretary

4/10/08

(850) 769-8981

Daytime Phone #