

2001 UNIFORM BUSINESS REPORT (UBR)

150

0012076 AF

DOCUMENT # **A96000001627**

1. Entity Name

BRIARWOOD APARTMENTS OF PC, LTD.

FILED

01 MAY -1 PM 5:31

**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 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-3439594 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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 _____

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. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$99.00 | 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

| | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | 598978 ROYAL AMERICAN DEVELOPMENT, INC. 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405 |
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13. ADDRESS CHANGES ONLY

| | |
|-----------------|---|
| STREET ADDRESS | 600004243236-3 -05/18/01 -01005-001 **45187.28 ***150.00 |
| CITY - ST - ZIP | |
| STREET ADDRESS | BK |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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]* **Caritta J. Papp** Date **4/28/01** 850/765-8981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)