

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001627**

1. Entity Name

BRIARWOOD APARTMENTS OF PC, LTD.

FILED

02 APR 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3439594** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, ROBERT F III
1002 WEST 23RD STREET, SUITE 400
PANAMA CITY FL 32405**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
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STREET ADDRESS **300005507849--8**
CITY-ST-ZIP **-05/13/02--01010--001**
****45187.28 ***150.00**

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*FF 141.25
DUS 8.25*

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]* **Carrette J. Pagan, Art Sec** Date: **4/20/02** Daytime Phone #: **850/769-8981**

CR2E003 (9/01)