

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A96000001627**



**FILED**  
03 MAY -2 PM 5:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name <b>BRIARWOOD APARTMENTS OF PC, LTD.</b>	
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

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3439594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>598978</b> <b>ROYAL AMERICAN DEVELOPMENT, INC.</b> <b>1002 WEST 23RD STREET, SUITE 400</b> <b>PANAMA CITY FL 32405</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600017912966</b>
CITY-ST-ZIP	<b>05/02/03-01035-006 ***45187.28</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>BK</b>
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]* **Asst. Sec. 4/28/03 (850) 769-8181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE