FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP . WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTA Sandra B. N Secretary of DIVISION OF COL	Northam of State	DIVISION OF	FILED RY OF STATE COPPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A9600001851		- OHJ# -[AM 8: 25
APALACHEE EAST, LTD.				
Mailing Address	Principal Office Address		3. Data Formed or Registered	5a. Capital Contributions as Shown on record.
1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405	1002 WEST 23RD STREET. SUITE 400 PANAMA CITY FL 32405		10/04/1996 3a. Date of Last Report 01/05/1998	\$999,900.00 5b. Amount of Capital
3 10-10-11	22 District Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL I	Ì
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-3402462	Applied For Not Applicable
·			7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Country		8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent Name HENRY, ROBERT F III 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY FL 32405 Suite, Apt. #, etc. City		10. If changed, new Registered	Agent/Office	
		Suite, Apt. #, etc.	Address (P.O. Box Number is Not Acceptable) Apt. #, etc. Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number
ROYAL AMERICAN DEVELOPMENT,	1002 WEST 23RD STREET		NAMA CITY FL 32405	598978
			700002 -01/20 ****\$	7472573 79901025025 35.00 ****535.00
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Carporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the annual report is two and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by challets.				
			12	1 27 1 LUX 1

.....