2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # A9600001851 1. Entity Name APALACHEE EAST, LTD.					_	Sec	retary	of State
Principal Place of Business Mailing Address 1002 WEST 23RD STREET, SUITE 400 1002 WEST 23RD STREET PANAMA CITY, FL 32405 PANAMA CITY, FL 3240								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		04132005	Chg-LP	CR2E003 (10/03)
City & State		City & State		:	4. FEI Number 59-3402			Applied For Not Applicable
Zip	Country Zip		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current		7. Name and Address of New Registered Agent Name					
PIPPIN, LAURETTA J 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405				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								
9. Capital Co as Shown	Signature, typed or printed name of registered agent pritribultions on record. \$1,496,560.00	al Contril	butions			DATE		
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				ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	598978 ROYAL AMERICAN DEVELOPMENT, INC. 1002 WEST 23RD STREET, SUITE 400 PANAMA CITY, FL 32405		1	ET ADDRESS				<u>.</u>
CITY-ST-ZIP			CITY	SI - ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS			0265772	
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP	05/11/05-80015-010 535.00			
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·	<u>.</u>	CITY	-ST-ZIP				
DOCUMENT # NAME			SIRE	ET ADDRESS				
STREET ADORESS CITY - ST - ZIP			CITY	-ST-ZIP				
DOCUMENT # Name			STRE	ET ADDRESS				
STREET ADDRESS City ST-ZIP			CITY-	ST-ZIP				
DOCUMENT # NAME			STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		6 m	CITY-	ST-ZIP				
14. I hereby certify that the information supplied with this filling 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 flue 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 employeerent of execute this report as required by Chapter 620, Florida Statutes								

Lauretta J. Pippin, Secretary

4/25/05

(850) 769-8981