

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 26 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA



13K 12/3/97

1. Name of Limited Partnership		1a. DOCUMENT # A05951	
ELFERS RRH LTD.			
Mailing Address 11635 NW 1ST AVE. GAINESVILLE FL 32607		Principal Office Address 11635 NW 1ST AVE. GAINESVILLE FL 32607	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 08/30/1977	
		3a. Date of Last Report 10/17/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$0.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-1846320 <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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 office or 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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ELFERS RRH, INC	11635 NW 1ST AVE.	GAINESVILLE FL	544106
900002367269--5 -12/03/97--01092--017 ****165.00 ****165.00			

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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations 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 this annual report is true 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 chapter 620, Florida Statutes.

SIGNATURE _____

DATE 11-24-97

Typed or Printed Name of General Partner Signing Form John M. Curtis, President

Daytime Telephone Number 352-332-0838

CR2E003 (6/97)