## 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 DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 20 AM 8: 56

	A05951	·		
ELFERS RRH LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
11635 NW 1ST AVE. GAINESVILLE FL 32607	11635 NW 1ST AVE. GAINESVILLE FL 32607			\$0.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		duis.
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State		FL 6. FEI Number 59-1846320	Applied For Not Applicable
Zip Country		Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zp Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Cu	ırrent Registered Agent		10. If changed, new Registered	i Agent/Office
CURTIS, JOHN M. 11635 N.W. 1ST AVENUE		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32607		Suite, Apt. #, etc.		
		City		FL ZIp Code
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered offic agent. I am familiar with, and accept the obligation	a or registered agent, or both, in the State of F			
SIGNATURE (Registered Agent Accepting Appointment			DATE	
A GENERAL PARTNER TH.	AT IS A CORPORATION UST BE REGISTERED A	I, LIMITED PA IND ACTIVE V	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	neral Partner e Box Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number
ELFERS RRH, INC	11635 NW 1ST AVE.		GAINESVILLE FL	544106
			8000027 -12/03/3 ****15	0 1 1 1 8 — — O 98 — 01006 — 021 10 00   ****150.00
			ŋK	11/20/48

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\_ 11-12-98

Daytime Telephone Number 352 - 332 - 1838