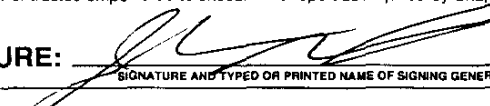


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
05 APR 12 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05951					
1. Entity Name ELFERS RRH LTD.					
Principal Place of Business 11635 NW 1ST AVE. GAINESVILLE, FL 32607			Mailing Address 11635 NW 1ST AVE. GAINESVILLE, FL 32607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1846320	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607				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. \$0.00			10. Amount of Capital Contributions in FLORIDA to 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	544106		STREET ADDRESS		
NAME	ELFERS RRH, INC		CITY-ST-ZIP		
STREET ADDRESS	11635 NW 1ST AVE.				
CITY-ST-ZIP	GAINESVILLE, FL				
DOCUMENT #			STREET ADDRESS	700054014127	
NAME			CITY-ST-ZIP	05/06/05--01061--024 **150.00	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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: 			John M. Curtis President Elfers RRH, Inc.		
			3/8/05 352-332-0838 Date Daytime Phone #		

STAPLE CHECK HERE