

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A05951**

1. Entity Name  
**ELFERS RRH LTD.**



**FILED**

**08 APR -4 AM 10: 09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012008 Chg-LP CR2E003 (12/06)

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

Signature, typed or printed name of registered agent and date if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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**  
NAME **ELFERS RRH, INC**  
STREET ADDRESS **11635 NW 1ST AVE.**  
CITY- ST- ZIP **GAINESVILLE, FL**

STREET ADDRESS

CITY- ST- ZIP

**500122423485**

**04/07/08--01014--011 \*\*508.75**

DOCUMENT #  
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STREET ADDRESS

CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

**Elfers RRH, Inc.  
By: John M. Curtis**

**02/25/08**

**352-332-0838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE