

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

FILED

97 SEP 25 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| 1. Name of Limited Partnership LEESBURG RRH, LTD. | 1a. DOCUMENT # A14128 <i>98-AR CUS CM</i> |
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| Mailing Address P.O. BOX 2228 1316 SUMTER ST. LEESBURG FL 32749 | Principal Office Address P.O. BOX 2228 1316 SUMTER ST. LEESBURG FL 32749 | 3. Date Formed or Registered 03/11/1983 | 5a. Capital Contributions as Shown on record. \$161,000.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report 12/30/1996 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | |
| City & State | City & State | 6. FEI Number 59-2332429 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip Country | Zip Country | 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) | | | |

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| 9. Name and Address of Current Registered Agent COHEN, BARRY 1028 POINSETTIA RD DELRAY BEACH FL 33483 | 10. If changed, new Registered Agent/Office |
| | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div> |

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.

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| 11. Name(s) of General Partner(s) COHEN, BARRY M. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 19 WOODS LANE | 11b. City, State & Zip Code BOYNTON BEACH FL 33443 | 11c. Registration/Document Number 900002304089--3 -09/25/97--01123--010 ****550.00 ****550.00 |
|---|---|--|---|

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 *[Signature]* DATE 9/11/97
 Typed or Printed Name of General Partner Signing Form Barry Cohen Daytime Telephone Number (561) 243-9672

CR2E003 (6/97)