

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) -  
DUE BY MAY 1, 2005**

**FILED  
Apr 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A14128**  
1. Entity Name  
**LEESBURG RRH, LTD.**



Principal Place of Business      Mailing Address  
**613 12TH STREET  
LEESBURG FL 34748**      **613 12TH STREET  
LEESBURG FL 34748**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country



1ST MOORE      CR2E003 (10/04)

4. FEI Number      Applied For  
**59-2332429**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COHEN, BARRY  
21174 LA VISTA CIR  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent  
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

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record      \$161,000.00      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**

DOCUMENT #	
NAME	COHEN, BARRY M.
STREET ADDRESS	21174 LA VISTA CIR
CITY - ST - ZIP	BOCA RATON FL 33428
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
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04/18/05-80121-021 535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Barry Cohen      Barry Cohen      4-5-05      (352) 787-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #