


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 59-2332429	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, BARRY  
 21174 LA VISTA CIR  
 BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

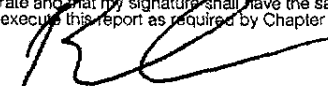
DOCUMENT #	
NAME	COHEN, BARRY M.
STREET ADDRESS	21174 LA VISTA CIR
CITY - ST - ZIP	BOCA RATON, FL 33428
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

U00000521529  
 05/02/06-80138-018 508.75

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:       Date: 4/17/06      Daytime Phone #: (561) 654-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER