

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 27 PM 2:45



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**

| | | | |
|--|---|---|--|
| 1. Name of Limited Partnership LEESBURG RRH, LTD. II | | 1a. DOCUMENT # A19888 | |
| Mailing Address P.O. BOX 10293 CLEARWATER FL 33757 | Principal Office Address P.O. BOX 10293 CLEARWATER FL 33757 | 2a. Principal Office Address Suite, Apt #, etc City & State Zip Country | |
| 2. Mailing Address Suite, Apt #, etc City & State Zip Country | | | |
| 3. Date Formed or Registered 05/09/1985 | | | |
| 3a. Date of Last Report 06/29/1998 | | | |
| 4. State or Country of Formation FL | | 5a. Capital Contributions as Shown on record \$100.00 | |
| 6. FID Number 59-2891069 | | 5b. Amount of Capital Contributions in FLORIDA to date <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required | |
| 7. Certificate of Status Desired | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |



99-AR/CUS
CM

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent ROE, THOMAS 66 HERALD DRIVE LEESBURG FL 34748 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City FL | |
|---|--|---|--|

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). Thereby 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.**

| | | | |
|---|--|---|--|
| 11. Name(s) of General Partner(s) ROE, THOMAS | 11a. Address of Each General Partner (Do NOT Use Post Office Box Number(s)) 403-E SOMERSET DRIVE | 11b. City, State & Zip Code DERIDDER LA 70634 | 11c. Registration Document Number 02/06/99 - 01013-010 ****150.00 ****150.00 |
|---|--|---|--|

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(5)(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 _____

DATE **12-20-98**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (8/98)