

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

APPROVED  
AND  
FILED

04 APR -8 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A19888</b> 1. Entity Name LEESBURG RRH, LTD. II					
Principal Place of Business 613 S. 12TH STREET LEESBURG, FL 34748			Mailing Address P.O. BOX 492228 LEESBURG, FL 34749		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROE, THOMAS 66 HERALD DRIVE LEESBURG, FL 34748				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					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	400 Heritage Gr Rd	
STREET ADDRESS	ROE, THOMAS		CITY-ST-ZIP	Edmond OK 73003	
CITY-ST-ZIP	700032977887			04/16/04--01065--036 **150.00	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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					
<b>SIGNATURE:</b> <u>Thomas K. Roe</u> <u>4 Mar 04</u> <u>45-330-3606</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE