

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:38



DOCUMENT # A19888
 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
 46 Herald Dr.
 Suite, Apt. #, etc.
 APT #46

3. Mailing Address
 7865 South Side Blvd
 Suite, Apt. #, etc.

City & State
 Leesburg, FL 34748

City & State
 JACKSONVILLE FL

Zip Country
 34748 U.S.

Zip Country
 32256 U.S.

03172006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-2891069

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROE, THOMAS
 66 HERALD DRIVE
 LEESBURG, FL 34748

7. Name and Address of New Registered Agent
 Name
 Roe, Thomas
 Street Address (P.O. Box Number is Not Acceptable)
 2016 GRAYSON DR
 City
 NAUANCE FL Zip Code
 32566

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 Thomas K Roe DATE 20 Mar 2006

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 #	ROE, THOMAS
NAME	400 HERITAGE CR RD
STREET ADDRESS	EDMOND, OK 73003
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2016 GRAYSON DR
CITY-ST-ZIP	NAUANCE FLA 32566
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: Thomas K Roe DATE 20 Mar 2006 850-936-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE