FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP T TO REVOCATION AND \$500 PENALTY FEE

WILL BE SUBJECT TO	REVOCATION
LIMITED PARTNERSHIP ANNUAL REPORT 1997	
1. Name of Limited Partnership	1a.
FLAGLER BEACH VILLAS	RRH, LTD.
	···-



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

A30392

SECRETARY OF STATE DIVISION OF CORPORATIONS 96 NOV 21 PM 3: 41



FLAGLER B	BEACH VILLAS F	ARH, LTD. Qn-AR	cus III	1 HODION LOOK WITH DOUGH LINKS LAND HOS DICTH DIGHT BIRTH DAON BAULL STOLL TAGE 		
Mailing Address 205 N.W. 22ND STREET P.O. DRAWER 2610 GAINESVILLE FL 32602-2610 2. Malling Address		Principal Office Address 205 N.W. 22ND STREET P.O. DRAWER 2610 GAINESVILLE FL 32602-2610 28. Principal Office Address		3. Date Formed or Registered 58. Capital Contributions as Shown on record. \$200,224.00		
				of Lest Report 6/1995	5b. Amount of Capital	
				Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	6, FEI Nur 59-3	046320	Applied For Not Applicable	
City & State		City & State	7. Certifica	ate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip Country	8 Make o			

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
SANCHEZ, J. ROLANDO	Name			
205 N.W. 22ND STREET	Street Address (P.O. Box Number Is Not Acceptable)			
GAINESVILLE FL 32603	Suite, Apt. #, etc.			
	City FL Zip Code			

10a. Pursuant to the provisions of sections \$20.1051 and \$20.192. 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). I hereby 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)

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)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number					
CHAPMAN, WAYNE A	P.O. BOX 977/N/A	OAK HARBOR WA						
SANCHEZ, J. ROLANDO	205 N.W. 22ND STREET	205 N.W. 22ND STREET GAINESVILLE FL 32603						
		500020 -12/06/ ****59	0215252 9601008016 \$ 00 ****585 00					

ite: General partners MAY NOT be changed on this form; an amendment must be flied to change a general partner.

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(3)(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 Statu

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

DATE 10-12-96

CR2E003 (6/96)