

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

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30392**

1. Entity Name  
**FLAGLER BEACH VILLAS RRH, LTD.**



Principal Place of Business  
**4821 NW 13TH AVE.  
GAINESVILLE, FL 32605**

Mailing Address  
**P.O. BOX 358626  
GAINESVILLE, FL 32635**



02022006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3046320</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SANCHEZ, J. ROLANDO  
205 N.W. 22ND STREET  
GAINESVILLE, FL 32603**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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	<b>CHAPMAN, WAYNE A</b>
STREET ADDRESS	<b>P.O. BOX 977/N/A</b>
CITY - ST - ZIP	<b>OAK HARBOR, WA</b>

DOCUMENT #	
NAME	<b>SANCHEZ, J. ROLANDO</b>
STREET ADDRESS	<b>4821 NW 13TH AVE.</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 32605</b>

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CITY - ST - ZIP	

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02/20/06-80002-007 508.75

**DO NOT WRITE  
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**J. ROLANDO SANCHEZ**

**2-2-06**

**352-378-5454**

Date

Daytime Phone #

STAPLE CHECK HERE