2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000551

1. Entity Name
OAKCREST APARTMENTS RRH II, LTD.

Principal Place of Business	Mailing Address
1006 GROVE STREET CLEARWATER, FL 33755	P.O. BOX 10293 CLEARWATER, FL 33757

03162004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2977845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORTON, PAMELA K 1006 GROVE STREET CLEARWATER, FL 33755	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.	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	BORTON, PAMELA K	CITY-ST-ZIP	H00000102365 04/05/04-80012-001 150.00
STREET ADDRESS	P.O. BOX 10293		
CITY-ST-ZIP	CLEARWATER, FL 33757		
DOCUMENT #		STREET ADDRESS	
NAME	JORGENSEN, PHILIP D	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 521728		
CITY-ST-ZIP	LONGWOOD, FL 32752		
DOCUMENT #		STREET ADDRESS	
NAME	JARNIGAN, WESLEY T	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 408		
CITY-ST-ZIP	JOHNSTON, IA 50131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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.

SIGNATURE: Pamela K Borton, Mgmt Agent General Partner 3/17/04 (727) 443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #