2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000551

1. Entity Name
OAKCREST APARTMENTS RRH II, LLLP

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

01172005 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.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	BORTON, PAMELA K	CITY-ST-ZIP	
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	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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.

SIGNATURE: Pamela K Borton Pamela K. Borton, 2-1-2005 (727)443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

SHARE SPACE HERE