

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90035 010 ****50.00



DOCUMENT # L99000003489
 1. Entity Name
RH GAINESVILLE, LLC

Principal Place of Business Mailing Address
5405 CYPRESS CENTER DRIVE, SUITE 320 **5405 CYPRESS CENTER DRIVE, SUITE 320**
TAMPA FL 33609 **TAMPA FL 33609**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number Applied For
59-3625643 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLCOMB, VICTOR W
201 N ARMENIA AVE
TAMPA FL 33609

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input checked="" type="checkbox"/> Delete RATH, FRED H 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input checked="" type="checkbox"/> Delete HARPER, WILLIAM H 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RATH THREE, LLC 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HFP, LLC 5405 CYPRESS CENTER DRIVE, SUITE 320 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Fred H. Rath*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/07 813-636-8860
 DATE Daytime Phone #