

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000551

1. Entity Name  
OAKCREST APARTMENTS RRH II, LLLP



Principal Place of Business  
1006 GROVE STREET  
CLEARWATER, FL 33755

Mailing Address  
P.O. BOX 10293  
CLEARWATER, FL 33757



01052008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

BORTON, PAMELA K  
1006 GROVE STREET  
CLEARWATER, FL 33755

**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, 2008, 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  
STREET ADDRESS  
CITY-ST-ZIP  
BORTON, PAMELA K  
P.O. BOX 10293  
CLEARWATER, FL 33757

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JORGENSEN, PHILIP D  
P.O. BOX 521728  
LONGWOOD, FL 32752

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JARNIGAN, WESLEY T  
P.O. BOX 408  
JOHNSTON, IA 50131

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000784690  
01/15/08-80066-006 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Pamela K. Borton* Pamela K. Borton, Gen. Ptnr. 1-10-2008 727-443-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE