

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A05882

1. Entity Name
LANDURA-LEESBURG, LTD.



Principal Place of Business
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756

Mailing Address
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756



01152008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1818679

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD UNIT 8
CLEARWATER, FL 33756

**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.

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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

02/28/08-90044-025 508.75

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 # L03000025957
NAME WINDEMERE RRH, LLC
STREET ADDRESS 516 LAKEVIEW ROAD UNIT 8
CITY-ST-ZIP CLEARWATER, FL 33756

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kevin T Flynn

2/15/08

727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**AS Vice-President of
LLC General Partner**

STAPLE CHECK HERE