
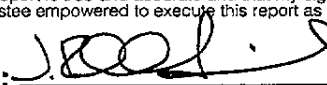


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000544</b>							
1. Entity Name PELICAN COVE RRH, LTD.							
Principal Place of Business 4821 NW 13TH AVE GAINESVILLE, FL 32605			Mailing Address PO BOX 358626 GAINESVILLE, FL 32635-8626				
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 03-0422463			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SANCHEZ, J. ROLANDO 4821 NW 13TH AVE GAINESVILLE, FL 32605			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.				
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	L02000008554		STREET ADDRESS				
NAME	SANCHEZ RENTAL HOUSINC, LLC		CITY-ST-ZIP				
STREET ADDRESS	4821 NW 13TH AVE						
CITY-ST-ZIP	GAINESVILLE, FL 32605						
DOCUMENT #			STREET ADDRESS	L020000239300			
NAME			CITY-ST-ZIP	02/22/05-80038-002 150.00			
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							
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)(f), 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: 			J. ROLANDO SANCHEZ		1-20-05		
					352-378-5454		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>		



01202005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE