

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

| | | |
|------------------------------------|--|---|
| DOCUMENT # A05000002204 | |  |
| 1. Entity Name JRH INVEST, LLLP | | |

| | |
|--|--|
| Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 940 CORAL GABLES, FL 33146 | Mailing Address 1320 SOUTH DIXIE HIGHWAY, SUITE 940 CORAL GABLES, FL 33146 |
|--|--|

| | | | |
|--|---------------------|-----|---------|
| 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 |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | 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

Signature, typed or printed name of registered agent and title if applicable.

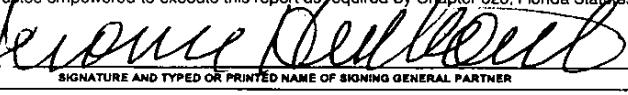
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-------------------------------------|--------------------------|---------------------------------|
| DOCUMENT # | L05000116307 | STREET ADDRESS | |
| NAME | JRH HOLDINGS, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 1320 SOUTH DIXIE HIGHWAY, SUITE 940 | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | |
| DOCUMENT # | | STREET ADDRESS | 500102255836 |
| NAME | | CITY-ST-ZIP | 05/14/07--01071--011 **\$500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| 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 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: 

APR 19 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
2007 APR 30 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE