FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# 1a.

SECRETARY OF STATE DIVISION OF CORPORATIONS

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	A05950							
BROOKSVILLE RRH LTD.								
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.		
11635 NW 1ST AVENUE GAINESVILLE FL 32607	11635 NW 1ST AVENUE GAINESVILLE FL 32607		3a. Date of La	08/30/1977 3a. Date of Last Report 11/26/1997		\$0.00		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For		=	
City & State	City & State	City & State		421	Not Applicable		_	
Zip Country	Zīp	Zip Country		7. Certificate of Status Desired Sa.75 Addition Fee Requirec 8. Make check payable to: Dept. of State (See reverse side for fee Information)				
			O. Make chack	payable to: Dept. of a	State (See reve	erse side for fee informa	10n)	
9. Name and Address of Current Registered Agent			10. If chan	ged, new Registered	Agent/Office			
CURTIS, JOHN M.			Name					
11635 N.W. 1ST AVENUE			Street Address (P.O. Box Number Is Not Acceptable)					
GAINESVILLE FL 32607		Suite, Apt. #, etc.						
			City FL Zip Code					
10a. Pursuant to the provisions of sections 620,1051 a for the purpose of changing its registered office o agent. I am familiar with, and accept the obligation	r registered agent, or both, in the State of Florid	d limited partner la. Such change	ship organized or registered to was authorized by its general	inder the laws of the	State of Florion accept the ap	da, submits this stateme opointment of registered	nt	
SIGNATURE (Registered Agent Accepting Appointment)				DATE_				
A GENERAL PARTNER THAT	ST BE REGISTERED ANI	<u>D AÇTIV</u>	PARTNERSHIP E WITH THIS O	OR OTHE	R BUSI	NESS ENTIT	Y	
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Bo)	Partner (Numbers)	11b. City, State &	Zip Code	11c.	Registration/ Document Number		
TALIA ENTERPRISES, INC.	11635 NW 1ST AVENUE	11635 NW 1ST AVENUE		GAINESVILLE FL		543061 7067138		
			30	0002 -12/09 *****1!	706 /88-0: 50.00	7138 1006028 ****150.00	CRZE	
		į	BK	11/20	198			
Note: General partners MAY NO	T be changed on this form	; an ame	ndment must be	filed to cha	nge a g	eneral partne	:]	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance wit this annual report is true and accurate and that my s empowered to execute this report as required by cho	th Section 119.07(3)(k) in the event that the info ignature shall have the same legal effects as if	rmation supplie	d is deemed exempt from put	olic access. I further o	certify that the	information indicated or	100	
SIGNATURE	John M. Cyrets, Sec/T	reas/Di	r	DATE 11	-12-98		_	

Inc., General Partyme Felephone Number 352-332-0838