

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

APPROVED  
AND  
FILED

04 APR -8 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A14128</b> 1. Entity Name LEESBURG RRH, LTD.					
Principal Place of Business 613 12TH STREET LEESBURG, FL 34748			Mailing Address 613 12TH STREET LEESBURG, FL 34748		
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 59-2332429				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COHEN, BARRY 1026 POINSETTIA RD DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name <u>COHEN, BARRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>21174 La Vista Circle</u> City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33428</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$161,000.00</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.</b> <b>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 #	NAME		STREET ADDRESS	COHEN, BARRY M.	
STREET ADDRESS	19 WOODS LANE		CITY-ST-ZIP	21174 La Vista Circle, Boca Raton, FL 33428	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP	200033179872	
STREET ADDRESS			STREET ADDRESS	04/20/04-01070-004 **535.00	
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X</u> <u>Barry M. Cohen</u>			Date <u>2/8/04</u> (352) 787-2700		

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