

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A14286**

1. Entity Name  
**BUSHNELL RRH, LTD.**



Principal Place of Business  
**11635 N.W. 1ST AVE.  
 GAINESVILLE, FL 32607**

Mailing Address  
**11635 N.W. 1ST AVE.  
 GAINESVILLE, FL 32607**

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

02012008

Chg-LP

CR2E003 (12/06)

4. FEI Number

**59-2347825**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, JOHN M.  
 11635 N.W. 1ST AVENUE  
 GAINESVILLE, FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, 2008, 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 #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**GRAY, STEVEN H.  
 11635 NW 1ST AVENUE  
 GAINESVILLE, FL**

STREET ADDRESS  
 CITY - ST - ZIP

**400122423234  
 04/07/08--01014--009 \*\*508.75**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**CURTIS, JOHN  
 11635 NW 1ST AVENUE  
 GAINESVILLE, FL**

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**CURTIS, GAIL  
 11635 NW 1ST AVENUE  
 GAINESVILLE, FL**

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
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 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:**

**John Curtis  
 General Partner**

**02/25/08**

**352-332-0838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

STAPLE CHECK HERE

**FILED**  
**08 APR -4 AM 10:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

