2007 LIMITED PARTNERSHIP ANNUAL REPORT Due Ry May 1, 2007

CITY-ST-ZIP DOCUMENT /

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK

FILED Anr 16, 2007 08:00 Al State

U00000709625 04/25/07-80010-020 508.75

Daylime Phone #

Date

				\Box	tpr 10, 200.	
1. Entity Nar	JMENT # A16980 PM RRH, LTD.				Secretary	of S
7865 SOUT	ce of Business HSIDE BLVD LE, FL 32256	Mailing Address 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256		 		
]	#### #################################	
	O NOT WRITE	IN THE COA	○ E	02022007 No Chg-LP	CR2E003 (12/06)	
L	O NOI WRITE	IN INIS SPA	CE	4. FEI Number 59-2405899		ied For Appticable
				5. Certificate of Status Desired	\$8.75 Addition Fee Required	onaí
SELIGMAN, KAREN J 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256			DO NOT WRITE IN THIS SPACE			
8. The above the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its register	d office or register	ed agent, or both, in the State of	Florida. I am familier with, an	d accept
Signature, typed or printed name of registered agent and title if applicable				DATE		
		/iii FEE IS \$500.00 007, Fee will be \$900.00				_
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENTITY N Y NOT be changed on the form	IUST BE REGIST i; an amendmen	ERED AND ACTIVE WITH I	'HIS OFFICE. general partner.	_
12.	GENERAL PARTNER	INFORMATION				•
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SELIGMAN, SANFORD L. 7865 SOUTHSIDE BLVD JACKSONVILLE, FL					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP					r in	-
DOCUMENT / NAME STREET ADDRESS CITY-ST-2IP DOCUMENT / NAME				DO NOT W		•
STREET ADDRESS	i e					

14. I hereby certify that the information supplied with this filling 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 AND TYPES OR PRINTED NAME OF BIGNING GENERAL PARTNER 3-1-07