


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


DOCUMENT # A17374	
1. Entity Name ORANGE CITY RRH, LTD.	

Principal Place of Business 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2439594	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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



02012008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent CURTIS, JOHN M. 11635 N. W. 1ST AVENUE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

JK

**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
	CURTIS, JOHN M.		
STREET ADDRESS	11635 N.W. 1ST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL		
			300122422823
			04/07/08--01014--003 **508.75
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CURTIS, GAIL W.		
STREET ADDRESS	11635 N.W. 1ST AVENUE		
CITY-ST-ZIP	GAINESVILLE, FL		
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CITY-ST-ZIP			
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 M. Curtis* **John M. Curtis** **General Partner** **02/25/08** **352-332-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #