

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A17375

1. Entity Name
LAUREL HILLS RRH, LTD.



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

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

FILED

2006 APR 18 AM 9:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03012006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2789963

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006, 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

DOCUMENT #

NAME
SANCHEZ, J. R.
STREET ADDRESS
11635 NW 1ST AVE.
CITY-ST-ZIP
GAINESVILLE, FL

DOCUMENT #

NAME
HANDLEY, THOMAS W.
STREET ADDRESS
11635 NW 1ST AVE.
CITY-ST-ZIP
GAINESVILLE, FL

DOCUMENT #

NAME
**872869
JOTAR MANAGEMENT SERVICES, INC.**
STREET ADDRESS
11635 NW 1ST AVE.
CITY-ST-ZIP
GAINESVILLE, FL

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

**600072419576
04/27/06--01042--002 **508.75**

**DO NOT WRITE
IN THIS SPACE**

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:

Gail W. Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gail W. Curtis, President **03/09/06**
JOTAR Management Services, Inc. **352-332-0838**
The General Partner Date Daytime Phone #

STAPLE CHECK HERE