


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A17375 1. Entity Name LAUREL HILLS RRH, LTD.	
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Principal Place of Business 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607	Mailing Address 11635 N.W. 1ST AVE. GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CURTIS, GAIL, W. 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

200101615012
05/04/07--01046--024 **508.75

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 #	672869
NAME	JOTAR MANAGEMENT SERVICES, INC.
STREET ADDRESS	11635 NW 1ST AVE.
CITY- ST- ZIP	GAINESVILLE, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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: *Gail W. Curtis* **Gail W. Curtis, President** **03/23/07**
JOTAR Management Services, Inc. 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER The General Partner Daytime Phone #

FILED

07 APR 16 AM 8:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-2789963

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

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