


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

<b>DOCUMENT # A17375</b>		
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**  
 08 APR -4 AM 10:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02012008 Chg-LP CR2E003 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2789963	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURTIS, GAIL, W. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #	SANCHEZ, J. R.	STREET ADDRESS	
NAME	11635 NW 1ST AVE.	CITY-ST-ZIP	500122422645
STREET ADDRESS	GAINESVILLE, FL		04/07/08--01014--001 **508.75
CITY-ST-ZIP			
DOCUMENT #	HANDLEY, THOMAS W.	STREET ADDRESS	
NAME	11635 NW 1ST AVE.	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE, FL		
CITY-ST-ZIP			
DOCUMENT #	672869	STREET ADDRESS	
NAME	JOTAR MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	11635 NW 1ST AVE.		
CITY-ST-ZIP	GAINESVILLE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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** **02/25/08**  
**Jotar Management Services, Inc. 352-0838**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE