

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT #A17376

1. Entity Name
COUNTRY MANOR RRH, LTD.



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

Mailing Address
**11635 N.W. 1ST AVENUE
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

59-2439473

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 # **GP0400000634**
NAME **SIMMONS COUNTRY MANOR PARTNERSHIP**
STREET ADDRESS **11635 N.W. 1ST AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL**

DOCUMENT #
NAME **CURTIS, GAIL W.**
STREET ADDRESS **11635 NW 1ST AVE.**
CITY-ST-ZIP **GAINESVILLE, FL**

DOCUMENT #
NAME **CURTIS, JOHN M.**
STREET ADDRESS **11635 NW 1ST AVE.**
CITY-ST-ZIP **GAINESVILLE, FL**

DOCUMENT #
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CITY-ST-ZIP

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400072417284
04/27/06--01041--030 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**John M. Curtis
General Partner**

03/09/06

Date

352-332-0838

Daytime Phone #

STAPLE CHECK HERE