



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT #A17376</b> 1. Entity Name <b>COUNTRY MANOR RRH, LTD.</b>	
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Principal Place of Business <b>11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>	Mailing Address <b>11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**07 APR 16 AM 8:05**  
**BK**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-2439473</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CURTIS, GAIL W. 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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**

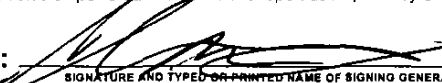
**300101614923**  
**05/04/07--01046--023 \*\*508.75**

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>GP0400000634 SIMMONS COUNTRY MANOR PARTNERSHIP 11635 N.W. 1ST AVENUE GAINESVILLE, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CURTIS, GAIL W. 11635 NW 1ST AVE. GAINESVILLE, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CURTIS, JOHN M. 11635 NW 1ST AVE. GAINESVILLE, FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **John M. Curtis**  
**General Partner**

**03/23/07** **352-332-0838**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE