

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

DOCUMENT # A19093
1. Entity Name
WINDMEADOWS RRH, LTD.



FILED

2006 APR 18 AM 9:29

Principal Place of Business
11635 NW 1ST AVENUE
GAINESVILLE, FL

Mailing Address
11635 NW 1ST AVENUE
GAINESVILLE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

03012006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2547991	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CURTIS, JOHN M.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 STREET ADDRESS CITY-ST-ZIP	GPO400000995 HIGHTOWER WINDMEADOWS 11635 NW 1ST AVE. GAINESVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, JOHN M. 11635 NW 1ST AVE. GAINESVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, GAIL W. 11635 NW 1ST AVE. GAINESVILLE, FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

500072415375
04/27/06--01041--017 **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: John M. Curtis
General Partner
03/09/06 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE