2001 UNIFORM BUSINESS REPORT (UBR)									11.2	23		
DOCUMENT # A19094 1. Entity Name								70		<i></i>	man part	
KISSIMMEE RRH, LTD.							FILED 01 MAY -1 PM 5: 13					
Principal Place of Business Mailing Address												
1001 WEST 23RD STREET SUITE 400				•	1001 WEST 23RD STREET SUITE 400			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PANAMA CITY FL 32405				PANAMA CITY FL 32405	PANAMA CITY FL 32405			444444				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State				City & State				Number 59-2550711			Applied For Not Applicable	
Zip	Country			Zip	Country	/		tificate of Status Desired	<u> </u>	Fee Re	Additional equired	
	6. Name	and Ado	iress of Current	Registered Agent		Name	7. Nar	ne and Address of New I	Registered /	Agent		
HENRY, ROBERT F. III							t Address (P.O. Box Number is Not Acceptable)					
1002 WEST 23RD STREET							··					
SUITE 400												
PANAMA CITY FL 32405						City	FL Zip Code			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.												
SIGNATURE				and title if anytheride	- Devistand A	cont a cont	re required when reinsta	tino)	DATE			
Signature, typed or brinted name of registered agent and title if applicable. (NOT 9. Capital Contributions as Shown on record. \$20,819.00 10. Amount of Capital in FLORIDA to capital in FLORIDA t							re required wright remote	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
A GENERAL PARTNER THAT IS A BUSINESS EN TIT NOTE: General Partners MAY NOT be changed on the fo							REGISTERED /	AND ACTIVE WITH TH	IS OFFICE		- <u>A.4.</u>	
12.				R INFORMATION	13.			ADDRESS CH				
DOCUMENT # NAME	TOWARD AND DESCRIPTION OF THE PARTY OF THE P					ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1002 W. 23 PANAMA C		#400		CITY-ST	ī-ZIP		BK				
DOCUMENT # NAME	-				STREET	ADDRESS			۰۰-۰۰ کر			
STREET ADDRESS CITY-ST-ZIP					CITY-S1	7-ZIP	<u> </u>	145.73	AR.	نر		
DOCUMENT / NAME					STREET	adoress		8×75	ARTIV	pp	,	
STREET ADDRESS CITY-ST-ZIP					CITY-S1	Γ- ζ ΙΡ		8.71	E (
DOCUMENT # NAME					STREET	address	>-	76777		<u> </u>	·	
STREET ADDRESS CITY-ST-ZIP					CITY-SI	r-ZIP	(600004	243	49	<u>63</u>	
DOCUMENT # NAME					STREET	ADDRESS		-05/18 <u>**45</u> 1	3/01 (87.28	1100%	5001 *243.23	
STREET ADDRESS CITY-ST-ZIP					CITY-ST	ī-ZIP						

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Charter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Laurette J. Ron

art Se 4/28/4

850/769, 8981

Daytime Phone #

R2F003 (11)