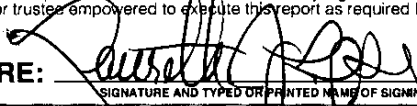


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -2 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A19094					
1. Entity Name KISSIMMEE RRH, LTD.					
Principal Place of Business 1001 WEST 23RD STREET SUITE 400 PANAMA CITY, FL 32405			Mailing Address 1001 WEST 23RD STREET SUITE 400 PANAMA CITY, FL 32405		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2550711	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIPPIN, LAURETTA J 1002 WEST 23RD STREET SUITE 400 PANAMA CITY, FL 32405			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.					
9. Capital Contributions as Shown on record. \$20,819.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	598978		STREET ADDRESS		
NAME	ROYAL AMERICAN DEV, INC.		CITY-ST-ZIP		
STREET ADDRESS	1002 W. 23RD ST., #400				
CITY-ST-ZIP	PANAMA CITY, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	400055206024	
NAME			CITY-ST-ZIP	05/24/05--01085--011 **243.23	
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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 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 or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Lauretta J. Pippin, Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date 4/25/05 Daytime Phone # (850) 769-8981		

STAPLE CHECK HERE