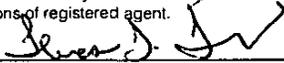
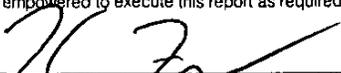


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:44

DOCUMENT # A19095				
1. Entity Name FERNANDINA BEACH RRH, LTD.				
Principal Place of Business 11635 NW 1ST AVE. GAINESVILLE, FL 32607		Mailing Address 11635 NW 1ST AVE. GAINESVILLE, FL 32607		
2. Principal Place of Business 516 Lakeview Rd.		3. Mailing Address 516 Lakeview Rd.		
Suite, Apt. #, etc. Unit 8		Suite, Apt. #, etc. Unit 8		
City & State Clearwater, FL		City & State Clearwater, FL		
Zip 33756	Country USA	Zip 33756	Country USA	4. FEI Number 59-2789964
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CURTIS, JOHN M. 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607				Name Thomas F. Flynn
				Street Address (P.O. Box Number is Not Acceptable) 516 Lakeview Rd. Unit 8
				City Clearwater
				FL Zip Code 33756
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 		Thomas F. Flynn		04/11/2006
		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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000101169		STREET ADDRESS	
NAME	CSA, LLC		CITY-ST-ZIP	
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8			
CITY-ST-ZIP	CLEARWATER, FL 33756			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
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 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: 		Kevin T. Flynn		4/10/06
		Signature and typed or printed name of signing general partner		Date
				727-449-1182
				Daytime Phone #

START HERE CHECK HERE