## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## FILED Apr 16, 2008 08:00 A Secretary of State

Due By May 1, 2008				Apr 16, 2008 08			
DOCUMENT # A19242  1. Entity Name ZEPHYRHILLS RRH, LTD.			Secretary of				
7865 SOUT	ce of Business HSIDE BLVD LE, FL 32256	Mailing Address 7865 SOUTHSIDE BLVD JACKSONVILLE, FL 32256		 	1   1   1   1   1   1   1   1   1   1		#
			-				
DO NOT WRITE IN THIS SPA			CE	02122008 No	o Chg-LP	CR2E00	03 (12/06) Applied For
			_,_	59-2477	774		Not Applicable
				5. Certificate of	Status Desired		8.75 Additional ee Required
	6. Name and Address of Current F	Registered Agent	. !				
SELIGMAN, KAREN J 7865 SOUTHSIDE BLVD				DO I	W TO	RITE	1
JACKSONVILLE, FL 32256				IN T	HIS SP	ACE	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both,	in the State of Flor	ida. I am fa	miliar with, and accept
SIGNATURE							
Signature, typed or printed name of registered agent and little if applicable.					Hooo	DATE DOMESTIC	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST				EDED AND AO	04/29/08	3-8008 3-8008	91 7-006 508,75
	NOTE: General Partners MA	Y NOT be changed on the form	ı; an amendmen	t must be filed	to change a ge	neral part	ner.
DOCUMENT #	GENERAL PARTNER	INFORMATION	•		•	į	
NAME	SELIGMAN, SANFORD L.						
STREET ADDRESS	7865 SOUTHSIDE BLVD	<b>J</b>	•	•			
CITY-ST-ZIP	JACKSONVILLE, FL						
DOCUMENT #							
NAME STREET ADDRESS		·			•		•
CITY-ST-ZIP							
DOCUMENT /	-			•			
NAME				DO N	OT ME		•
STREET ADDRESS CITY - ST - ZIP				DO N	OT WR		
DOCUMENT /		· · ·		IN TH	IIS SPA	CF	
NAME			s *				
STREET ADDRESS		<b>]</b> ".			•	•	
CITY-ST-ZIP							
DOCUMENT # NAME							
STREET ADDRESS			rep.			•	·
CITY · ST - ZIP							
DOCUMENT #					,		

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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE GENERAL PARTNER

2-17-08

404 538-292

Date

Daylime Phone #