

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1a DOCUMENT #
A19304



BK 12/3/97

BENTWOOD VILLAS RRH, LTD.

1. Name of Limited Partnership		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
BENTWOOD VILLAS RRH, LTD.		03/06/1985		\$0.00	
Mailing Address		3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
11635 NW 1ST AVENUE GAINESVILLE FL 32607		10/17/1996			
Principal Office Address		4. State or Country of Formation			
11635 NW 1ST AVENUE GAINESVILLE FL 32607		FL			
2. Mailing Address		6. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		59-2548006			
City & State		7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
CURTIS, GAIL W. 11635 N. W. 1ST AVENUE GAINESVILLE, FL. FL 32607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ANDREWS, RICHARD	11635 NW 1ST AVENUE	GAINESVILLE FL	
GRAY, STEVEN H.	11635 NW 1ST AVENUE	GAINESVILLE FL	
CURTIS, GAIL W.	11635 NW 1ST AVENUE	GAINESVILLE FL	
CURTIS, JOHN M.	11635 NW 1ST AVENUE	GAINESVILLE FL	
BUTLER, GWENDA SUE	11635 NW 1ST AVENUE	GAINESVILLE FL	

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****165.00 ****165.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____
Typed or Printed Name of General Partner Signing Form John M. Curtis, General Partner

DATE 11-24-97
Daytime Telephone Number 352-332-0838

CR2E003 (6/97)