## **2004 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2004

	Due By M	lay 1, 2004	•	FILED	
DOCUMENT # A19304  1. Entity Name				04 FEB 24 PM m	
BENTWO	OD VILLAS RRH, LTD.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place	e of Business	Mailing Address		- FLORIDA	
11635 NW 15 GAINESVILLE		11635 NW 1ST AVENUE GAINESVILLE, FL 32607	1011		
2. Principal Place of Principals			//		
2. Principal Place of Business		3. Mailing Address	/ 7/ <u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<i>J</i> )	02162004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number Applied For 59-2548006 Not Applied	
Zip	Country	Zip Co	untry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
CURTIS, GAIL W.				(D.) D.	
	V. 1ST AVENUE LLE, FLA., FL 32607		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 Signature, typed or printed name of registered agent and title if applicable				DATE	
9. Capital Contributions as Shown on record. \$0.00   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 PARTNI		3.	ADDRESS CHANGES ONLY	
DOCUMENT #	ANDREWS, RICHARD	s	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	11635 NW 1ST AVENUE GAINESVILLE FL,	C	CITY-ST-ZIP	100029895481 03/04/0401052012 **150.00	
DOCUMENT #	GRAY, STEVEN H.	2	STREET ADDRESS	03/04/0401052012 **150.UU	
STREET ADDRESS CITY-ST-ZIP	11635 NW 1ST AVENUE GAINESVILLE FL,	c	DITY-ST-ZIP		
DOCUMENT #	CURTIS, GAIL W.	\$	STREET ADDRESS	W	
STREET ADDRESS CITY+ST+ZIP	11635 NW 1ST AVENUE GAINESVILLE FL,	C	CITY-ST-ZIP		
DOCUMENT # NAME	CURTIS, JOHN M.	ξ	STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	11635 NW 1ST AVENUE GAINESVILLE FL,		CITY-S1-ZIP		
DOCUMENT / NAME	BUTLER, GWENDA SUE	ε	STREET ADDRESS		
STREET ADDRESS CHY-ST-ZIP	11635 NW 1ST AVENUE GAINESVILLE FL,	C	CITY-ST-ZIP		
DOCUMENT # NAME		\$	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
indicated	certify that the information supplied w on this report is true and accurate ar ver or trustee empowered to execute	id that my signature shall have the sa	ame legal ettect as it i 20. Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certily that the information made under oath; that I am a General Partner of the limited partnership.	n p or

General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/16/04

Date

352-332-0838

Daytime Phone #