200	5 LIMI	TED PART	ORT	05.40	EITE	5: 32 ATE OA			
DOCUMENT # A19304 1. Entity Name							TALECRET.	12 PM	5
BENTWOOD VILLAS RRH, LTD.							TLAHAS	RY OF ST	97E
Principal Place of Business Mailing Address								107	VOA
11635 NW 1. GAINESVILLE	•			11635 NW 1ST AVENUE GAINESVILLE, FL 32607					
2. Principal Place of Business 3. Mailing Address				` <i>[</i>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01182005	Chg-LP	CR2E003	(10/03)
City & State	e		City & State			4. FEI Number 59-2548	006		Applied For Not Applicable
Zip	Country		Zip	Country		5. Certificate o	f Status Desired		.75 Additional Required
	6. Name a	and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent				
CURTIS, GAIL W. 11635 N. W. 1ST AVENUE					Name Street Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE, FLA., FL 32607									
					City 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 -	8								
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Co in FLORIDA to date.					butions			DATE	
	A GI	ENERAL PARTNER General Partners M	THAT IS A BUSINES	SS ENTITY M	UST BE REGIST	ERED AND AC	TIVE WITH THE	S OFFICE.	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					.,		ADDRESS CHA		
DOCUMENT # NAME	ANDREWS	i, RICHARD		STRE					
STREET ADDRESS CITY-ST-ZIP	11635 NW GAINESVIL	1ST AVENUE LLE FL,	cir		-ST-ZIP	400054013734			
DOCUMENT /					85,/85/85 01861 820 **158.80 et address				
STREET ADDRESS CITY-ST-ZIP					TY-ST-ZIP				
DOCUMENT /	,				ET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP	11635 NW 1ST AVENUE			CITY	-ST-ZIP		w		
DOCUMENT #				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 11635 NW 1ST AVENUE				-ST-ZIP				
DOCUMENT !					ET ADDRESS		 		
NAME STREET ADDRESS	BUTLER, GWENDA SUE ADDRESS 11635 NW 1ST AVENUE			Sin	ET ADURESS	<u>, </u>			
CITY-ST-ZIP	ITY-ST-ZIP GAINESVILLE FL,				-ST-ZIP			<u> </u>	
DOCUMENT # NAME	AME •				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP*					-ST-ZIP				
indicated	f on this report	information supplied will is true and accurate an empowered to execute the	d that my signature sha	III have the sam	e legal effect as if m	ction 119.07(3)(i) nade under oath;	, Florida Statutes. I that I am a Genera	further certify Partner of the	that the information limited partnership or

John M. Curtis

General Partner

352-332-0838

Daytime Phone #

3/8/05

General PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: