



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A19304	
1. Entity Name BENTWOOD VILLAS RRH, LTD.	

Principal Place of Business 11635 NW 1ST AVENUE GAINESVILLE, FL 32607	Mailing Address 11635 NW 1ST AVENUE GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE

FILED
 07 APR 16 AM 8:06
 BK
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2548006	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, GAIL W.
 11635 N. W. 1ST AVENUE
 GAINESVILLE, FLA., FL 32607

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ANDREWS, RICHARD 11635 NW 1ST AVENUE GAINESVILLE FL,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GRAY, STEVEN H. 11635 NW 1ST AVENUE GAINESVILLE FL,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, GAIL W. 11635 NW 1ST AVENUE GAINESVILLE FL,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	CURTIS, JOHN M. 11635 NW 1ST AVENUE GAINESVILLE FL,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BUTLER, GWENDA SUE 11635 NW 1ST AVENUE GAINESVILLE FL,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/07--01005--006, **508.75

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  John M. Curtis 03/23/07 352-332-0838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE