

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 18 PM 12:42

1. Name of Limited Partnership LEESBURG RRH, LTD. II	1a. DOCUMENT # A19888
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Mailing Address 1316 SUMTER STREET P.O. BOX 492228 LEESBURG FL 34748	Principal Office Address 1316 SUMTER STREET P.O. BOX 492228 LEESBURG FL 34748
2. Mailing Address SOMERSET DR APT 409 E DERIDDER LA 70634	2a. Principal Office Address SOMERSET DR APT 409 E DERIDDER LA 70634

3. Date Formed or Registered 05/09/1985	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report 11/29/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 59-2891069 59-2000072 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ROE, THOMAS 1316 SUMTER ST. LEESBURG FL 34748	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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np 12/26

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) ROE, THOMAS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1316 SUMTER STREET	11b. City, State & Zip Code LEESBURG FL	11c. Registration/Document Number 200002040832--2 -12/30/96--01028--001 ****200.00 ****200.00
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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 *Thomas K Roe* DATE 20 Nov 96
Typed or Printed Name of General Partner Signing Form THOMAS K ROE Daytime Telephone Number 318 462 2904

CR2E003 (6/96)