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

LIMITE PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEFARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership.

DOCUMENT # 1a.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUN 29 PM 3: 13

Daytime Telephone Number

	A19888			
Leesburg RRH, Ltd. II				
Mailing Address P O Box 10293 Clearwater FL 33757	Funcipal Office Address  PcO Box 10293  Clearwater FL	33757	3. Date Formed or Registered 05/09/1985 38. Date of Last Report	5a. Capita Contributions as Shown on record.
			07/11/97	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. F£! Number 59-2063972	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Žφ	Country	8. Make check payable to Dept. of	Fee Required  [ State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, now Registered Agent/Office		
Thomas Roe 66 Herald Drive Leesburg, Florida 34748		Name Street Address (P.O. Box Number Is Not Acceptable)		
		****165. <b>PQ</b> ****00		
		10a. Pursuant to the provisions of sections 620 1051 arterities purpose of changing its registered office or agent. Lam familiar with, and accept the obligation	registered agent, or both in the State of Flor	
SiGNATURE (Register <b>ed</b> Agent Accepting Appointment)				
A GENERAL PARTNER THAT MUS	IS A CORPORATION, L T BE REGISTERED AN	IMITED D ACTIV	PARTNERSHIP OR OTHE 'E WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	l Partner x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Thomas Roe	403-E Somerset	Drive	Deridder LA 7063	34 (26/9) E003ZHO
-				OR2E
•				
• •				
i v				
Note: General partners MAY NO	Γ be changed on this form	; an ame	endment must be filed to cha	ange a general partner.
12. I do hereby certify that the information supplied with Corporations from any hability of non-compliance will this annual report is true and according and that my sempowered to oxecute this report as required by	h Section 119.07(3)(k) in the event that the in my dure shall have the same logal effects as	ormation adop	d is deemed exempt from public access. I furth	ner certify that the information indicated on
SIGNATURE_	Thomas K. Roe		DATE	6/8/98





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 18, 1998

LEESBURG RRH, LTD. II P.O. BOX 10293 CLEARWATER, FL 33757

SUBJECT: LEESBURG RRH, LTD. II

Ref. Number: A19888

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

Michelle Hodges Document Specialist Division of Corporations

Som-Do you want mynt to use the tental office of Atrect address and your name, as trepstered Agent? Please advise so we can amend and hesubmit this in a timely manner.

Thanks