

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A20056

1. Entity Name
 OSCEOLA RRH, LTD.



SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 MAY 28 AM 10:46

Principal Place of Business
 1002 WEST 23RD STREET SUITE 400
 PANAMA CITY, FL 32405

Mailing Address
 1002 WEST 23RD STREET SUITE 400
 PANAMA CITY, FL 32405

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01222008 Chg-LP CR2E003 (12/06)

Zip

Country

Zip

Country

4. FEI Number
 59-2547560

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

Name Lauretta J. Pippin

Street Address (P.O. Box Number is Not Acceptable)
 1002 W. 23rd Street, Suite 400

City Panama City

FL Zip Code
 32405

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

Lauretta J. Pippin
 Signature typed or printed name of registered agent and title if applicable

Lauretta J. Pippin

4/10/08

DATE

FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	598978	STREET ADDRESS	
NAME	ROYAL AMERICAN DEV, INC.	CITY-ST-ZIP	
STREET ADDRESS	1002 W. 23RD ST., #400	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Lauretta J. Pippin

Lauretta J. Pippin, Secretary

4/10/08

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytona Beach