


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A23309	
1. Entity Name LAND O' LAKES RRH, LTD.	
	
Principal Place of Business 13924 7TH ST DADE CITY FL 33525	Mailing Address 13924 7TH ST DADE CITY FL 33525



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2912659** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent ROBERTS, KEVIN T. 13924 7TH ST. DADE CITY FL 33525
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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.

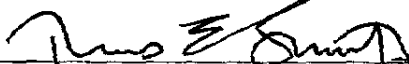
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MCCLAIN, JOE A.	CITY - ST - ZIP	
CITY - ST - ZIP	817 HWY 98 BYPASS SOUTH DADE CITY FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ROBERTS, KEVIN T.	CITY - ST - ZIP	
CITY - ST - ZIP	13924 7TH STREET DADE CITY FL 33525		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	SMITH, THOMAS E.	CITY - ST - ZIP	
CITY - ST - ZIP	13924 7TH STREET DADE CITY FL 33525		
DOCUMENT #	NAME	STREET ADDRESS	
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STAPLE CHECK HERE

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:



2/21/06 352-567-6581