


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A24046</b>	
1. Entity Name <b>MOBE SOUND, RRH, LTD.</b>	

Principal Place of Business <b>20721 S.W. 46TH AVE NEWBERRY FL 32669</b>	Mailing Address <b>20721 S.W. 46TH AVE NEWBERRY FL 32669</b>
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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 (10/04)

6. Name and Address of Current Registered Agent  <b>ADAMS, SUSAN HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	
DATE _____	
9. Capital Contributions as Shown on record. <b>\$981,300.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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	
NAME	<b>DAVIS, NORITA V</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>20721 SW 46TH AVE.</b>		
CITY - ST - ZIP	<b>NEWBERRY FL 32669</b>		
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CITY - ST - ZIP			

**110000246549**  
**02/28/05-80074-009 535.00**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Martine H. Putnam, Managing Member</b>	Date: <b>2/23/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	
<small>Daytime Phone #</small>	

STAPLE CHECK HERE