




2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A24046 1. Entity Name HOBE SOUND, RRH, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JAN 23 AM 9:19 	
Principal Place of Business 20721 S.W. 46TH AVE NEWBERRY, FL 32669				Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339			
2. Principal Place of Business - No P.O. Box # 814 A Country Circle		3. Mailing Address Suite, Apt. #, etc.		01032007 Chg-LP CR2E003 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Kissimmee, FL		City & State					
Zip 34744		Country USA		4. FEI Number 59-2519698		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	NAME			STREET ADDRESS			
NAME	DAVIS, NORITA V			CITY - ST - ZIP			
STREET ADDRESS	20721 SW 46TH AVE.			CITY - ST - ZIP			
CITY - ST - ZIP	NEWBERRY, FL 32669			CITY - ST - ZIP	800086231448 01/25/07--01040--007 **508.75		
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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: Susan Adams Registered Agent 1-8-07 352-224-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #