

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

**DOCUMENT # A26074**  
1. Entity Name  
**COLONY COURT RRH LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:33

Principal Place of Business: 20721 S.W 46TH AVE. NEWBERRY FL 32669  
Mailing Address: 20721 S.W 46TH AVE. NEWBERRY FL 32669

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number: 59-2838666 Applied For: Not Applicable  
5. Certificate of Status Desired: A \$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
**ADAMS, SUSANA  
HALLMARK MANAGING, INC  
4040 NEWBERRY ROAD, STE. 1000  
GAINESVILLE FL 32607**

Ms. Susan Adams  
Hallmark Management, Inc.  
4040 Newberry Road, Suite 1000  
Gainesville, FL 32607

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record: \$384,200.00  
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	BROWN, LEWIS JR.	STREET ADDRESS	
NAME	4020 NEWBERRY RD. STE. 500	CITY-ST-ZIP	
STREET ADDRESS	GAINESVILLE FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS	60004 74 76836
CITY-ST-ZIP	03/01/05--01013--014 **535.00
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STAPLE CHECK HERE

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: Susan Adams 2/19/05  
DATE: 2/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Daytime Phone #