

7 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:17

DOCUMENT # A26074

1. Entity Name
 COLONY COURT RRH LTD.



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 #
 801 Mt Homer Rd
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



01032007 Chg-LP CR2E003 (12/06)

City & State
 Eustis, FL

City & State

4. FEI Number
 59-2838666

Applied For
 Not Applicable

Zip
 32726 Country
 USA

Zip Country

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

ADAMS, SUSAN
 HALLMARK MANAGING, INC
 4040 NEWBERRY ROAD, STE. 1000
 GAINESVILLE, FL 32607

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

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 #	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	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

~~000005015470~~
 01/18/07--01038--003 **508.75

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 1-11-07 352-224-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE