## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

## A26074 **DOCUMENT #**

1. Entity Name

COLONY COURT RRH LTD.



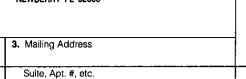
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	19.00
	O WE

Princi	pal F	lace	e of E	Business	
20721	S.W	46T	H AV	E.	
NEWB	ERRY	' FL	3268	9	

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address 20721 S.W 46TH AVE.





03 APR -1 AM 9: 23

SECRETARY OF STATE.



City & State		City & State			4. FEI Number 59-2838666 Applied For Not Applicable	
Zip		Country .	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					1	7. Name and Address of New Registered Agent
o. Name and Address of Current Registered Agent					Name	
DAVIS, NO	DRITA V					
20721 S.V	V 46TH AVI	<b>.</b>			Street Ad	ddress (P.O. Box Number is Not Acceptable)
NEWBERF	RY FL 3266	9				
					City	FL   Zip Code
	named entitions of regist		he purpose of changing its	registere	ed office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, broad	or printed name of registered agent and	title if applicable	-		DATE
9. Capital Co			10. Amount of Capita	al Contrib	putions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Shown		\$384,200.00	in FLORIDA to d			SEE REVERSE SIDE FOR FEE INFORMATION
	A (	GENERAL PARTNER TH General Partners MAY	AT IS A BUSINESS EN NOT be changed on th	TITY M he form	UST BE F ; an amei	REGISTERED AND ACTIVE WITH THIS OFFICE.  ndment must be filed to change a general partner.
12.		GENERAL PARTNER II	NFORMATION	13.		ADDRESS CHANGES ONLY
DOCUMENT #	,			STRE	ET ADDRESS	
NAME.	BROWN, L					
STREET ADDRESS 4020 NEWBERRY RD. STE. 500 CITY-ST-ZIP GAINESVILLE FL			CITY-	City-St-ZiP		
DOCUMENT # NAME				STRE	ET ADDRESS	300015035873
STREET ADDRESS						04/01/0301069012 **535.00
CITY-ST-ZIP				CITY	-ST-ZIP	
DOCUMENT #				OYDE	FT 4000500	
NAME				SINE	ET ADDRESS	
STREET ADDRESS				CITY-	-ST-ZIP	
CITY-ST-ZIP		<del></del>		_		, , , , , , , , , , , , , , , , , , , ,
DOCUMENT #				STRE	ET ADDRESS	
NAME Street address					-	
CITY-ST-ZIP				CITY-	-ST-ZIP	Y
DOCUMENT #				1		
NAME			,	STRE	et address	•
STREET ADDRESS			J	CITY-	-ST-ZIP	
CITY-ST-ZIP					J, 2.11	****
DOCUMENT #				STRE	ET ADDRESS	
NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP	
14. I hereby c	ertify that the	information supplied with th	is filing does not qualify for	tile exer	nption state	ed 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 shill 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 empeyered to execute this report as required by Chapter 62p, Florida Statutes

**SIGNATURE** 

CR2E003 (10/02)