


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:45

<b>DOCUMENT # A27729</b>	
1. Entity Name <b>BREEZEWOOD RRH, LTD.</b>	

Principal Place of Business <del>4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607</del>	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA GA 30339
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2. Principal Place of Business - No P.O. Box # <b>814A COUNTRY CIR.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>KISSIMMEE, FL</b>	City & State
Zip <b>34744</b>	Country

4. FEI Number <b>59-2906257</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ADAMS, SUSAN HALLMARK MANAGEMENT, INC 4040 NEWBERRY RD., STE. 1000 GAINESVILLE FL 32607</b>	
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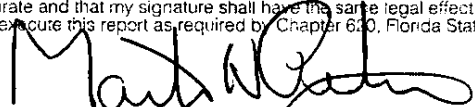
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 _____	DATE _____

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 CITY-ST-ZIP	<b>M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200123066252 04/11/08--01042--011 **508.75</b>
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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: 	Date <b>3/3/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE