


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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:46

|   |   |
|---|---|
| <b>DOCUMENT # A28204</b>                                    |  |
| 1. Entity Name<br><b>RIVER REACH OF CRYSTAL RIVER, LTD.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>4040 NEWBERRY ROAD, SUITE 1000<br/>GAINESVILLE FL 32607</b> | Mailing Address<br><b>3111 PACES MILL RD<br/>SUITE A250<br/>ATLANTA GA 30339</b> |
|---|--|



|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2151 A. N. RIVER REACH CIR.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State<br><b>CRYSTAL RIVER, FL</b>   | City & State                              |

1st MOORE CR2E003 (10/07)

|                     |         |     |         |
|---------------------|---------|-----|---------|
| Zip<br><b>34428</b> | Country | Zip | Country |
|---------------------|---------|-----|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2940079</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>ADAMS, SUSAN<br/>HALLMARK MANAGEMENT, INC.<br/>4040 NEWBERRY ROAD, SUITE 1000<br/>GAINESVILLE FL 32607</b> |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

**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 |  |
|---------------------------------|--|
| DOCUMENT #                      | <b>M03000001595</b>                            |
| NAME                            | <b>HALLMARK GROUP SERVICES OF FLORIDA, LLC</b> |
| STREET ADDRESS                  | <b>3111 PACES MILL ROAD, SUITE A-250</b>       |
| CITY-ST-ZIP                     | <b>ATLANTA GA 30339</b>                        |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |

| 13. ADDRESS CHANGES ONLY |                                      |
|--------------------------|--------------------------------------|
| STREET ADDRESS           | <b>600123067796</b>                  |
| CITY-ST-ZIP              | <b>04/11/08--01046--001 **508.75</b> |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |
| STREET ADDRESS           |                                      |
| CITY-ST-ZIP              |                                      |

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:**  **3/8/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE