


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:45

DOCUMENT # A28608	
1. Entity Name GARDENIA SQUARE RRH, LTD.	

Principal Place of Business 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607	Mailing Address 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607
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2. Principal Place of Business - No P.O. Box # 501 S. PARRAMORE ST.	3. Mailing Address 3111 PACES MILL RD
Suite, Apt. #, etc. SUITE A250	Suite, Apt. #, etc. SUITE A250
City & State MADISON, FL	City & State ATLANTA, GA
Zip 32341	Country
Zip 30339	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3039788	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. * 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 # M07000005504	NAME HALLMARK GROUP SERVICES OF NORTH FLORIDA, LLC	STREET ADDRESS	
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250		CITY-ST-ZIP	500123066065 04/11/08--01042--008 **508.75
CITY-ST-ZIP ATLANTA GA 30339			
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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:  **3/3/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE