

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:45

DOCUMENT # A29779 1. Entity Name RAINBOW GARDENS APARTMENTS LIMITED					
Principal Place of Business 4040 NEWBERRY RD STE 1000 GAINESVILLE FL 32607				Mailing Address 4040 NEWBERRY RD STE 1000 GAINESVILLE FL 32607	
2. Principal Place of Business - No P.O. Box # 11850 RAINBOW GARDEN CIR.		3. Mailing Address 3111 PACES MILL RD Suite, Apt. #, etc. SUITE A250			
City & State DUNNELLON, FL Zip 34432 Country		City & State ATLANTA, GA Zip 30339 Country		4. FEI Number 59-2973656 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E003 (10/07)	
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGEMENT INC. 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	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable.</small>					
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 #	M03000001595		STREET ADDRESS		
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC		CITY-ST-ZIP		
STREET ADDRESS	4040 NEWBERRY RD - STE 1000		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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:			3/18/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE