


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30392</b>	
1. Entity Name FLAGLER BEACH VILLAS RRH, LTD.	

Principal Place of Business 24207 NW 110TH AVENUE ALACHUA, FL 32615	Mailing Address 24207 NW 110TH AVENUE ALACHUA, FL 32615
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02042008 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3046320

Applied For	Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
SANCHEZ, J. ROLANDO 24207 NW 110TH AVENUE ALACHUA, FL 32615	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	
NAME	CHAPMAN, WAYNE A	CITY-ST-ZIP	000000829778
STREET ADDRESS	P.O. BOX 977/N/A		02/26/08-80056-002 508.75
CITY-ST-ZIP	OAK HARBOR, WA		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SANCHEZ, J. ROLANDO	CITY-ST-ZIP	
STREET ADDRESS	24207 NW 110TH AVENUE		
CITY-ST-ZIP	ALACHUA, FL 32615		
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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:  J. ROLANDO SANCHEZ 2-4-08 386-454-1460

STAPLE CHECK HERE