


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A31446</b>					
1. Entity Name <b>HERON'S LANDING RRH LTD.</b>					
Principal Place of Business <b>1343 MAIN STREET, 5TH FLOOR SARASOTA FL 34236</b>			Mailing Address <b>4255 52ND PLACE W BRADENTON FL 34210</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3060037</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MANNAUSA, THOMAS J. 1343 MAIN STREET 5TH FLOOR SARASOTA FL 34236</b>			7. Name and Address of New Registered Agent  <b>Ms. Susan Adams Hallmark Management, Inc. 4040 Newberry Road, Suite 1000 Gainesville, FL 32607</b>		
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 title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$257,339.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			

FILED  
2005 APR 22 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	<b>MANNAUSA, THOMAS J. 1343 MAIN STREET, 5TH FLOOR SARASOTA FL</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>500054199455</b>
STREET ADDRESS			<b>05/10/05--01015--004 **\$35.00</b>
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Susan Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/19/05**  
Date

Daytime Phone #

STAPLE CHECK HERE