


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN 23 AM 9:19

DOCUMENT # A31446 1. Entity Name HERON'S LANDING RRH LTD.	
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Principal Place of Business 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607	Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box # One Heron's Landing Lane Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Lake Placid, FL Zip 33852 Country USA	City & State Zip Country
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01032007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3060037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

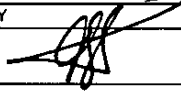
6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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 \$500.00
After May 1, 2007, 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 # M04000000193	NAME HALLMARK GROUP SERVICES, LLC	STREET ADDRESS	
STREET ADDRESS 3111 PACES MILL ROAD, SUITE A-250	CITY-ST-ZIP ATLANTA, GA 30339	CITY-ST-ZIP	
CITY-ST-ZIP ATLANTA, GA 30339	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	900086231279 01/25/07--01040--004 **508.75
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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 20, Florida Statutes

SIGNATURE:  1-18-07 770-984-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE