


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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33401</b> 1. Entity Name ELMWOOD RRH, LTD.	
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Principal Place of Business C/O FRANKLIN ASSET MANAGEMENT COMPANY 2509 PLANTSIDE DR LOUISVILLE, KY 40299	Mailing Address C/O FRANKLIN ASSET MANAGEMENT COMPANY P.O. BOX 99564 LOUISVILLE, KY 40269-0564
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02052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3124902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SILBERMANN, GALE  
1150 CLEVELAND ST  
SUITE 300  
CLEARWATER, FL 33755

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

DATE \_\_\_\_\_

**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FULKERSON, T J	2509 PLANTSIDE DR	LOUISVILLE, KY 40299
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	HARDING, NEAL F	2509 PLANTSIDE DR	LOUISVILLE, KY 40299
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000838829  
03/05/08-80046-012 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NEAL HARDING

2/12/08

Date

Daytime Phone #

502-499-9991

STAPLE CHECK HERE