2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

SIGNATURE:

FILED **DOCUMENT # A93000001318** 1. Entity Name LAKÉ HELEN COURT RRH, LTD. 2007 MAR 29 AM 11: 26 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FL ORIDA 4821 N.W. 13TH AVENUE P.O. BOX 358626 GAINESVILLE, FL 32605 GAINESVILLE, FL 32635-8626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24207 NW 110th Ave 24207 NW 110th Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Cha-LP CR2E003 (12/06) City & State Alachua, FL City & State 4 EEL Number Applied For Alachua, FL Not Applicable 59-3270872 Country Country Zip \$8.75 Additional 32615 5. Certificate of Status Desired \mathbf{X} 32615 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANCHEZ, J. ROLANDO Street Address (P.O. Box Number is Not Acceptable) 4821 N.W. 13TH AVENUE GAINESVILLE, FL 32605 24207 NW 110th Ave Alachua 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. Feb. 7, 2007 J. Rolando Sanchez SIGNATURE 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME CHAPMAN, WAYNE A STREET ADDRESS 4935 N. SURFCREST DRIVE CITY-ST-ZIP CITY-ST-ZIP OAK HARBOR, WA 98277 DOCHMENT # 24207 NW 110th Ave STREET ADDRESS SANCHEZ, J. ROLANDO NAME. STREET ADDRESS 4821 N.W. 13TH AVENUE Alachua, FL 32615 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32605 300096241463 04/09/07--01040--018 **508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

J. Rolando Sanchez

386-454-1460

Feb. 7, 2007