


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A98000001694</b> 1. Entity Name <b>MARIANNA HOLLY HILL RRH, LTD.</b>	
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**FILED**

2007 APR -5 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4821 NW 13TH AVE</b> <b>GAINESVILLE, FL 32605</b>	Mailing Address <b>PO BOX 358626</b> <b>GAINESVILLE, FL 32635</b>
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2. Principal Place of Business - No P.O. Box # <b>24207 NW 110th Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>24207 NW 110th Ave</b> Suite, Apt. #, etc.
City & State <b>Alachua, FL</b>	City & State <b>Alachua, FL</b>
Zip <b>32615</b> Country	Zip <b>32615</b> Country

02072007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3528151</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SANCHEZ, J. ROLANDO</b> <b>4821 NW 13TH AVE</b> <b>GAINESVILLE, FL 32605</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>24207 NW 110th Ave</b> City <b>Alachua</b> <b>FL</b> Zip Code <b>32615</b>
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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 J. Rolando Sanchez **J. Rolando Sanchez** **Feb. 7, 2007**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**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 # NAME <b>SANCHEZ, J. ROLANDO</b> STREET ADDRESS <b>4821 NW 13TH AVE</b> CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>	STREET ADDRESS <b>24207 NW 110th Ave</b> CITY-ST-ZIP <b>Alachua, FL 32615</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS <b>300096510163</b> <b>04/11/07--01042--002 **508.75</b> CITY-ST-ZIP
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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 620, Florida Statutes

SIGNATURE: J. Rolando Sanchez **J. Rolando Sanchez** **Feb. 7, 2007** **386-454-1460**

STATE CHECK HERE