

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 14 AM 10:02

DOCUMENT # A99000001054

1. Entity Name
 RWH LIMITED



Principal Place of Business
 2217 GULF SHORE BLVD. N., APT. 2B
 NAPLES, FL 34102

Mailing Address
 2217 GULF SHORE BLVD. N., APT. 2B
 NAPLES, FL 34102

2. Principal Place of Business
 120 Moorings Park Drive
 Suite, Apt. #, etc.
 G-203

3. Mailing Address
 120 Moorings Park Drive
 Suite, Apt. #, etc.
 G-203



03022005 Chg-LP CR2E003 (10/03)

City & State
 Naples, Florida

City & State
 Naples, Florida

4. FEI Number
 31-1659212

Applied For
 Not Applicable

Zip
 34105

Country
 USA

Zip
 34105

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANCOCK, ROBERT W
 2217 GULF SHORE BLVD. N., APT. 2B
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
 Robert W. Hancock
 Street Address (P.O. Box Number is Not Acceptable)
 120 Moorings Park Drive, #G-203
 City
 Naples FL Zip Code
 34105

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

Robert W. Hancock

3/10/05
 DATE

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

9. Capital Contributions
 as Shown on record. \$98.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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
 STREET ADDRESS
 CITY-ST-ZIP
 HANCOCK, ROBERT W TRUSTEE
 120 MOORINGS PARK DRIVE, #G-203
 NAPLES, FL 34105

STREET ADDRESS
 CITY-ST-ZIP
 500048845115
 03/22/05--01018--008 **141.25

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STREET ADDRESS
 CITY-ST-ZIP

14. 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:

Robert W. Hancock

3/10/05
 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE