

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

Total due 535.24
11244-150-
FILED
SECRETARY OF STATE
TRANSPORTATION CORPORATION

04 MAR -1 AM 9:27



MOORE CR2E003 (11/03)

DOCUMENT # A00000001359					
1. Entity Name P.R. & ASSOCIATES, LTD. II					
Principal Place of Business 1096 ERROL PKWY APOPKA FL 32712			Mailing Address 1096 ERROL PKWY APOPKA FL 32712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3669151	
				Applied Not App	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MOUNTCASTLE, RONALD L 1096 ERROL PKWY APOPKA FL 32712			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$3,250,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P94000068018		STREET ADDRESS		
NAME	PR ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1096 ERROL PKWY				
CITY-ST-ZIP	APOPKA FL 32712				
DOCUMENT #			STREET ADDRESS	800027980258	
NAME			CITY-ST-ZIP	01/30/04--01063--007 **150.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	800027980258	
NAME			CITY-ST-ZIP	03/10/04--01054--025 **395.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: R.L. Mountcastle 1-27-04 462-886-0272

STAPLE CHECK HERE