


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # A00000001359 1. Entity Name P.R. & ASSOCIATES, LTD. II	
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Principal Place of Business 1096 ERROL PKWY APOPKA FL 32712	Mailing Address 1096 ERROL PKWY APOPKA FL 32712
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3669151	Applied For Not Applicable
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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** _____
Signature, typed or printed name of registered agent and title if applicable


FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	NAME PR ASSOCIATES, INC.	STREET ADDRESS	1000000003618
STREET ADDRESS 1096 ERROL PKWY	CITY ST ZIP APOPKA FL 32712	CITY ST ZIP	01/29/07-80020-020 158.75
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	CITY ST ZIP	

STAPLE CHECK HERE

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:  **R.L. Mountcastle** **1-21-07** **407-286-0272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone V