

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

Chg. CC

141.25

**DOCUMENT # A03000000169**  
1. Entity Name  
**PR-GF ASSOCIATES, LTD.**  
*US Magnolia*



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 12 PM 12:38

Principal Place of Business: 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131-2822  
Mailing Address: 701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131-2822

2. Principal Place of Business: 703 Waterford Way Suite 800  
3. Mailing Address: 703 Waterford Way Suite 800



MOORE CR2E003 (11/03)

City & State: Miami, Florida  
Zip: 33126 Country: [Blank]

4. FEI Number [Blank] Applied For [Blank] Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PITTS, W. DOUGLAS**  
701 BRICKELL AVE. SUITE 1400  
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent  
Name [Blank]  
Street Address (P.O. Box Number is Not Acceptable): 703 Waterford Way Suite 800  
City: Miami FL Zip Code: 33126

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.

9. Capital Contributions as Shown on record: \$6,500.00  
10. Amount of Capital Contributions in FLORIDA to date. [Blank]  
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE 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 #	NAME	STREET ADDRESS	
	NEWCASTER DEVCORP, INC.	703 Waterford Way	Suite 800
STREET ADDRESS	701 BRICKELL AVE. SUITE 1400	CITY-ST-ZIP	Miami, FL 33126
CITY-ST-ZIP	MIAMI FL 33131-2822		
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CITY-ST-ZIP			

100031856251  
04/06/04-01014-017 #141.25

STAPLE CHECK HERE

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: *Douglas H. Pitts* Treasurer 3/3/04 305-261-4330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Newcaster Devcorp, Inc.* Date Daytime Phone #