


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

141.25

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000169

1. Entity Name
PR-GF ASSOCIATES, LTD.



Principal Place of Business
703 WATERFORD WAY
STE. 800
MIAMI FL 33126

Mailing Address
703 WATERFORD WAY
STE. 800
MIAMI FL 33126



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
51-0451512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS
703 WATERFORD WAY
STE. 800
MIAMI FL 33126

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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.

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	NEWCASTER DEVCORP, INC.	703 WATERFORD WAY, STE. 800	MIAMI FL 33126
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

STAPLE CHECK HERE

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04/26/05-80002-015 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  Douglas H. Ridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/5 305-261-4330
Date Daytime Phone #