



**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 14, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 18 PM 1:07

<b>DOCUMENT # A03000000169</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
06202007	Chg-LP
CR2E003 (12/06)	
4. FEI Number 51-0451512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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	
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 \$500.00  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	<b>P96000034735</b>	STREET ADDRESS	<b>703 Waterford way Suite 800</b>
NAME	<b>NEWCASTER DEVCORP, INC.</b>	CITY-ST-ZIP	<b>MIAMI, FL 33126 Doc# P96000034735</b>
STREET ADDRESS	<b>703 WATERFORD WAY, STE. 800</b>		
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		
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CITY-ST-ZIP			

**2007054888 BLJ  
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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:  **6/20/07 305-261-1330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**DOUGLAS A. PRUDEN, TREASURER NEWCASTER DEVCORP, INC**

STAPLE CHECK HERE