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

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A0300001705 1. Ently Name PAR-PRO, LTD. Principal Place of Business Maling Address PO, 80X 390177 ATLANTIC BEACH FL 22233 ATLANTIC BEACH FL 22233 ATLANTIC BEACH FL 22233 AND Line Act is etc. 1. Shall a Address of Corner of Business Supp. Apt. 4 etc. 1. Shall a Address of Corner of Business 3. Maling Address PO, 80X 390177 ATLANTIC BEACH FL 22233 ATLANTIC BEACH FL 22235	DOE BY MAY 1, 2003							
Principal Place of Business P.O. BOX 200177 ATLANTIC BERCH FL 32233 2. Principal Place of Business Subs. Apl. F. etc. 1ST MODE: CR2E003 (1004) Applied From Autorities Berch FL 32233 Autorities Berch FL 32207 Autorities Berch FL 32207 Autorities Berch FL 32207 All The above named antity submits is slatement for the purpose of changing its registered alloca or registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered of foca or registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the deligations of registered agent, or both in the State of Rords I am femiliar with, and accept the Rords I am femiliar with and acce)5		SECRETARY DIVISION OF C	ED OF STATE ORPORATIONS		
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Superand	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1ST MOORE	CR2E003 (10/04)		
So Name and Address of Current Registered Agent So Name and Address of Current Registered Agent Fig. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fig. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above number analy submits this statement for the purpose of changing its registered agent, or both, in the State of Floods. I am familiar with, and acceptable beligations of registered agent, or both, in the State of Floods. I am familiar with, and acceptable beligations of registered agent, or both, in the State of Floods. I am familiar with, and acceptable beligations of registered agent, or both, in the State of Floods. I am familiar with, and acceptable beligations of registered agent. SIGNATURE Factoria, need in preserve of agent with the speciests AGENERAL PARTINET THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner. 12. GINERAL PARTINET INFORMATION 13. ADDRESS CHANGES ONLY DISCUSSION IN THE PARTINES OF THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partiners MAY NOT be changed on the form; an amendment must be filled to change a general partiner. 15. GINERAL PARTINET INFORMATION 16. SIRET ADDRESS OTH ST. 2P OTHER ST	City & State		City & State		4. FEI Number 20 7 APP	I CARLE / Applied For		
LUNNY, GREGORY F ESO 1301 RIVERPLACE BLVD, STE 1500 ACKSONVILLE FL 32207 B. 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 digner. SIGNATURE SIGNATURE SIGNATURE 10. Amount of Copital Contributions as \$1,000.00 10. Amount of Copital Contributions as \$5,000.00 10. Amount of Copital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. 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 filled to change a general partner. 13. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY SIRET MORESS OCCUMENT / ATLANTIC BEACH FL 32233 DOCUMENT / ATLANTIC BEACH FL 32233 DOCUMENT / ATLANTIC BEACH FL 32233 DOCUMENT / STEEL ALDRESS CITY-ST-2P DOCUMENT / STEEL ALDRESS CITY	Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired	\$8.75 Additional	
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Daytime Phone #