

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

| | | | |
|---|---------|---|---------|
| DOCUMENT # A03000001705 | |  | |
| 1. Entity Name PAR-PRO, LTD. | | | |
| Principal Place of Business P.O. BOX 330177 ATLANTIC BEACH FL 32233 | | Mailing Address P.O. BOX 330177 ATLANTIC BEACH FL 32233 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:13



1ST MOORE CR2E003 (10/04)

| | |
|---|--|
| 4. FEI Number 20-2341054 NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent LUNNY, GREGORY F ESQ 1301 RIVERPLACE BLVD, STE 1500 JACKSONVILLE FL 32207 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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| 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 <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE | |
| 9. Capital Contributions as Shown on record. \$1,000.00 | 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-------------------------|--------------------------|--------------------------------------|
| DOCUMENT # | P02000102084 | STREET ADDRESS | |
| NAME | PAR-PRO, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | P.O. BOX 330177 | | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | | |
| DOCUMENT # | | STREET ADDRESS | 100049887041 |
| NAME | | CITY-ST-ZIP | 04/05/05--01012--018 **141.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: *Jim Gonzalez* **ACCOUNTANT** **03-23-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE