

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000000092

1. Entity Name
PCR INVESTMENTS II, LLLP



Principal Place of Business
189 ADMIRALS WAY
PONTE VEDRA BEACH, FL 32082

Mailing Address
189 ADMIRALS WAY
PONTE VEDRA BEACH, FL 32082

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

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

City & State
City & State

Zip
Country



04182006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-2138943 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REMMER RYZEWIC, SUSAN
189 ADMIRALS WAY
PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	RYZEWIC, JOHN M	STREET ADDRESS	
NAME	189 ADMIRALS WAY	CITY-ST-ZIP	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		
CITY-ST-ZIP			
DOCUMENT #	REMMER RYZEWIC, SUSAN	STREET ADDRESS	300075014453
NAME	189 ADMIRALS WAY	CITY-ST-ZIP	05/22/06--01013--006 **500.00
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		
CITY-ST-ZIP			
DOCUMENT #	RYZEWIC, MICHAEL J	STREET ADDRESS	
NAME	189 ADMIRALS WAY	CITY-ST-ZIP	
STREET ADDRESS	PONTE VEDRA BEACH, FL 32082		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Susan R. Ryzewic 4/25/06 (904) 285-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #