


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	
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Principal Place of Business 189 ADMIRALS WAY PONTE VEDRA BEACH, FL 32082	Mailing Address 189 ADMIRALS WAY PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



04182006	Chg-LP	CR2E003 (11/05)
4. FEI Number 20-2138943		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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.	
SIGNATURE _____	DATE _____

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												
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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: <u>Susan R. Ryzewic</u> SUSAN R. RYZEWIC	Date: <u>4/25/06</u> Daytime Phone #: <u>(904) 285-2003</u>

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