

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 06, 2007 08:00 AM
Secretary of State

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



02132007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, type or printed name of registered agent and title if applicable.

4/3/07
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

U00000634606
04/17/07-80026-003 500.00

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

DOCUMENT #
NAME RYZEWIC, JOHN M
STREET ADDRESS 189 ADMIRALS WAY
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

DOCUMENT #
NAME REMMER RYZEWIC, SUSAN
STREET ADDRESS 189 ADMIRALS WAY
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

DOCUMENT #
NAME RYZEWIC, MICHAEL J
STREET ADDRESS 189 ADMIRALS WAY
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/07
Date

Daytime Phone #

STAPLE CHECK HERE