


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A13972			
1. Entity Name PEACE RIVER KNOLL, LTD.			
Principal Place of Business 401 WINSTON AVE LAKE WALES FL 33853		Mailing Address C/O HALLMARK GROUP 3111 PACES MILL RD, STE A-250 ATLANTA GA 30339	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2004 APR 23 PM 3: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 59-2481063				Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOTOLAW, INC. 50 NORTH LAURA ST, STE 2500 JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent Susan Adams Hallmark Group Services of Florida, LLC 4040 Newberry Road, Suite 1000 Gainesville, FL 32607	

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: Susan Adams DATE: 2/18/04

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL RD, STE A-250 ATLANTA GA 30339	STREET ADDRESS CITY-ST-ZIP	100035801141 05/10/04--01038--010 **150.00
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STAPLE CHECK HERE

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: Mark H. Peter DATE: 3/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #