

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

**FILED
Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # A13972
1. Entity Name
PEACE RIVER KNOLL, LTD.



Principal Place of Business Mailing Address
**401 WINSTON AVE
LAKE WALES FL 33853** **C/O HALLMARK GROUP
3111 PACES MILL RD, STE A-250
ATLANTA GA 30339**



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2481063 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, SUSAN
HALLMARK GROUP SERVICES OF FLORIDA, LLC
4040 NEWBERRY RD., STE. 1000
GAINESVILLE FL 32607**

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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

9. Capital Contributions as Shown on record, \$100.00

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 # M03000001595
NAME HALLMARK GROUP SERVICES OF FLORIDA, LLC
STREET ADDRESS 3111 PACES MILL RD, STE A-250
CITY - ST - ZIP ATLANTA GA 30339

STREET ADDRESS U00000209263
CITY - ST - ZIP 02/02/05-80032-003 150.00

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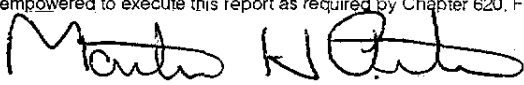
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

Date Daytime Phone #

STAPLE CHECK HERE