


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 10, 2006 08:00 AM
Secretary of State**

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

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-2481063** Applied For 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.

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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**

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CITY-ST-ZIP

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 Adams

3-2-06

STAPLE CHECK HERE