


**2003 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Mar 31, 2008 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 |
|---|---|



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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E003 (10/07)

| | | | |
|---|--|--|----------|
| 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 |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2481063 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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, 2008, 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 | STREET ADDRESS | |
| NAME | HALLMARK GROUP SERVICES OF FLORIDA, LLC | CITY-ST-ZIP | 1100000025700 04/11/08-80048-007 508.75 |
| STREET ADDRESS | 3111 PACES MILL RD, STE A-250 | STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTA GA 30339 | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

STAPLE CHECK HERE

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: Marta K. Pute **03/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER