

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 16 PM 12:06

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership P.R. & ASSOCIATES, LTD.	1a. DOCUMENT # A95000000553
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Mailing Address 1096 ERROL PARKWAY APOPKA FL 32712	Principal Office Address 1096 ERROL PARKWAY APOPKA FL 32712	3. Date Formed or Registered 04/06/1995
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/01/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL
City & State	City & State	6. FEI Number 59-3318462
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record. \$1,000,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

9. Name and Address of Current Registered Agent MOUNTCASTLE, RONALD L 1096 ERROL PARKWAY APOPKA FL 32712
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State: FL Zip Code: <i>32712</i>

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) P.R. ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1096 ERROL PWK.	11b. City, State & Zip Code APOPKA FL 32712	11c. Registration/Document Number P94000068018
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *R.L. Mountcastle* g/p President DATE **11-9-98**

Typed or Printed Name of General Partner Signing Form **R.L. Mountcastle** Daytime Telephone Number **407-586-0772**

CR2E003 (8/98)