


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

FILED
Jan 30, 2006 08:00 AM
Secretary of State

| | | | |
|---|---------|--|---------|
| DOCUMENT # A95000000553 | |  | |
| 1. Entity Name P.R. & ASSOCIATES, LTD. | | | |
| Principal Place of Business 1096 ERROL PARKWAY APOPKA FL 32712 | | Mailing Address 1096 ERROL PARKWAY APOPKA FL 32712 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MOUNTCASTLE, RONALD L 1096 ERROL PARKWAY APOPKA FL 32712 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3318462** Applied For Not Applicable

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

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 # | P94000068018 | STREET ADDRESS | |
| NAME | P.R. ASSOCIATES, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1096 ERROL PWK. | | |
| CITY-ST-ZIP | APOPKA FL 32712 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| 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: R.L. Mountcastle Pres. P.R. & Assoc, Inc. **01-19-06 402586-0272**

STAPLE CHECK HERE