


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

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000107	
1. Entity Name PAROB, LTD.	

Principal Place of Business 11043 HURON RD. N. ST. PETERSBURG FL 33708	Mailing Address 11043 HURON RD. N. ST. PETERSBURG FL 33708
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3357881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'NEAL, ROBERT 11043 HURON RD. N. ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent
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 _____

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

9. Capital Contributions as Shown on record \$68,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
DOCUMENT # P95000089282
NAME RONECO, INC.
STREET ADDRESS 11043 HURON RD. N.
CITY ST ZIP ST. PETERSBURG FL 33708

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY ST ZIP

DOCUMENT #
NAME
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CITY ST ZIP

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CITY ST ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert L O'Neal* *Robert L O'Neal* *O'Neal* 727-398-6084 279-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAYLE CHECK HERE