


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

141.25

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000090</b>			
1. Entity Name <b>CONROY-APOPKA ASSOCIATES, LTD.</b>			
Principal Place of Business <b>703 WATERFORD WAY STE. 800 MIAMI FL 33126</b>		Mailing Address <b>703 WATERFORD WAY STE. 800 MIAMI FL 33126</b>	
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 <b>65-0893570</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

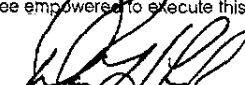
6. Name and Address of Current Registered Agent <b>PITTS, W. DOUGLAS 703 WATERFORD WAY STE 800 MIAMI FL 33126</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$6,250.00</b>	10. Amount of Capital Contributions in FLORIDA to date.		

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P96000034735 NEWCASTER DEVCORP., I NC. 703 WATERFORD WAY, STE. 800 MIAMI FL 33126</b>	STREET ADDRESS CITY - ST - ZIP	<b>1000000331087 04/26/05-00002-013 141.25</b>
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STAPLE CHECK HERE

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	
SIGNATURE:  <b>Douglas H. Pridgen</b>	Date: <b>4/4/05</b> Daytime Phone #: <b>305-261-4330</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	