

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Jun 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000090**

1. Entity Name  
**CONROY-APOKA ASSOCIATES, LTD.**



Principal Place of Business  
**703 WATERFORD WAY  
STE. 800  
MIAMI, FL 33126**

Mailing Address  
**703 WATERFORD WAY  
STE. 800  
MIAMI, FL 33126**



06202007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0893570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PITTS, W. DOUGLAS  
703 WATERFORD WAY  
STE 800  
MIAMI, FL 33126**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # **P96000034735**  
NAME **NEWCASTER DEVCORP., INC.**  
STREET ADDRESS **703 WATERFORD WAY, STE. 800**  
CITY-ST-ZIP **MIAMI, FL 33126**

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06/28/07-80002-018 500.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**6/20/07 305-261-4330**  
Day Daytime Phone

**DOUGLAS H. BRIDGES, TREASURER NEWCASTER ASSOCIATES, INC.**

STAPLE CHECK HERE