

G70400002467

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
GPO400002467-0
10/21/04--01043--017 **50.00
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 04 OCT 21 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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PARTNERSHIP REGISTRATION STATEMENT

1. PFR Real Estate Partnership
(Name of Partnership)
2. Florida/Leon
(State/County of Formation) 3. 20-1756380
(FEI Number)
4. 3258 N. Monroe Street Tallahassee, FL 32303
(Street Address of Chief Executive Office)
5. _____
(Street Address of Principal Office in Florida, if applicable)

6. In accordance with s. 620.8105(1)(c)(1 & 2), Florida Statutes, required partner information is provided in one of the following options:

- Attached is a list of the names and mailing addresses of ALL partners and Florida Registration Numbers, if other than individuals, or:
- The name and street address of the agent in Florida who shall maintain a list of the names and addresses of all partners:

**NAME & FLORIDA STREET ADDRESS
OF FLORIDA AGENT**

**IF OTHER THAN INDIVIDUAL,
FLORIDA REGISTRATION
NUMBER**

Brian S. Webb

2487 Elfinwing Lane

Tallahassee, FL 32309

If any of the partners are other than individuals, its entity name and Florida Registration Number must be listed below:

Partner Entity Name Florida Document Number

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 18th day of OCTOBER, 2004.

Signatures of TWO Partners:

[Signature]
[Signature]

Typed or printed names of partners signing above: Brian S. Webb
Royce R. Spring, II

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TALLAHASSEE, FLORIDA

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10/21/04

Filing Fee:	\$50.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)