FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



DREXEL BURNHAM LAMBERT REAL ESTATE ASSOCIATES II

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A18373

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, LTD.				IL 11/1
Mailing Address 200 PARK AVENUE BUITE 2409	Principal Office Address 200 PARK-AVENUE -SUITE-2400-	200 PARK-AVENUE		5a. Capital Contributions as Shown on record.
NEW YORK NY 10168	NEW YORK NY 10160		3a. Date of Last Report 11/02/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address 850 Third AVENUE	28. Principal Office Address	VENVE	4. State or Country of Formation	to date:
Suije Apt. # etc. Ninstsenth Floor City & State	Suite, Apt. #, etc. Nine trenth City & State	F/oor	6. FEI Number 13-3202289	Applied For Not Applicable
NEW YORK, N.Y	· NEW York	N.Y.	7. Certificate of Status Desirod	\$8.75 Additional Foo Required
Zip Country	10022	Country	8. Make check payable to: Dept. o	State (See reverse side for fee information
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registere	d Agent/Office
UNITED CORPORATE SERVICES, INC. 801 NORTH EAST 167TH STREET SUITE 300		Street Address (P.O.)	Box Number Is Not Acceptable)	
		Suite. Apt. #, etc.		
NORTH MIAMI BEACH FL 33162		City FL Zip Code		
10a. Pursuant to the provisions of sections 620:1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the Stale of Fl ons of section 620,192, Florida Statutes.	ned limited partnership org orida. Such change was a	uthorized by its general partner(s). I her	eby accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)		LIMITED DAD	TAIEDQUID OD OTUE	
A GENERAL PARTNER THAT	ST BE REGISTERED AN	ID ACTIVE WI	TH THIS OFFICE.	TO BUSINESS ENTITY
A GENERAL PARTNER THAT MUST 11. Name(s) of Goneral Partner(s)	T IS A CORPORATION, ST BE REGISTERED AN 11a. (Do NOT Use Post Office)	ID ACTIVE WI	TH THIS OFFICE. City, State & Zip Code	11c. Registration/ Document Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall trave the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE William O Chments Typed or Printed Name of General Partner Signing Form William D. CLEMENTS Deviling Telechone Number 212-822-2246