

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

FILED
96 NOV -4 PM 3: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ALLIANCE MICHIGAN COMMERCE CENTER II, LTD.	1a. DOCUMENT # A95000001059 <i>97-AR CM</i>
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Mailing Address 501 EAST JACKSON STREET ORLANDO FL 32801	Principal Office Address 501 EAST JACKSON STREET ORLANDO FL 32801	3. Date Formed or Registered 07/14/1995	5a. Capital Contributions as Shown on record. \$78,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/22/1995 4. State or Country of Formation FL 6. FEI Number 59-3322988	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5b. Amount of Capital Contributions in FLORIDA to date. <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent TATICH, PHILIP 601 SOUTH LAKE DESTINY ROAD, SUITE 200 MAITLAND FL 32751	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 700002004237--3 Suite, Apt. #, etc. -11/14/96--01029--010 City FL Zip Code ****576.25 ****576.25
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL 32751	L28441
SDP INVESTMENTS, INC.	501 EAST JACKSON STRE	ORLANDO FL 32801	L28451
SOS REALTY CORP.	501 EAST JACKSON STRE	ORLANDO FL 32801	L79712

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 have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

ALLIANCE MICHIGAN COMMERCE CENTER II, LTD., BY SDP INVESTMENTS INC., MANAGING
 SIGNATURE Howard A. Schieferdecker **GENERAL PARTNER** DATE 11/1/96
HOWARD A. SCHIEFERDECKER, PRES. Daytime Telephone Number 407 843 1862
 Typed or Printed Name of General Partner Signing Form _____

CR2E003 (6/96)