

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A95000001059
ALLIANCE MICHIGAN COMMERCE CENTER II, LTD. 98-AR CM	



Mailing Address 501 EAST JACKSON STREET ORLANDO FL 32801	Principal Office Address 501 EAST JACKSON STREET ORLANDO FL 32801
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/14/1995	5a. Capital Contributions as Shown on record. \$78,000.00
3a. Date of Last Report 11/04/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3322988	<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 HOWARD A. SCHIEFERDECKER
Street Address (P.O. Box Number Is Not Acceptable) 501 EAST JACKSON STREET
Suite, Apt. #, etc.
City ORLANDO State FL Zip Code 32801

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.
ALLIANCE MICHIGAN COMMERCE CENTER II, LTD., BY SDP INVESTMENTS INC., MANAGING GENERAL PARTNERS
 SIGNATURE (Registered Agent Accepting Appointment) HOWARD A. SCHIEFERDECKER, PRESIDENT DATE 10/9/97

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

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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 GENERAL PARTNER
 SIGNATURE HOWARD A. SCHIEFERDECKER, PRESIDENT DATE 10/9/97
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)