## FILE ON OR BEFORE APRIL 8,1998 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



GAMING MANAGEMENT INTERNATIONAL II, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

**DOCUMENT #** A96000000582

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR 19 AM 11: 45



Mailing Address 13789 MAIN STREET	AIN STREET 13769 MAIN STREET		3. Date Formed or Registered 03/11/1996	58. Capital Contributions as Shown on record.	
LEMONT IL 60439			38. Date of Last Report 12/31/1996	\$99.00  5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number NOT APPLICABLE	Applied For	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. o	8. Make check payable to: Dept. of State (See reverse side for fee information	
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
CAPOTE, BEATRIZ M ESQ. C/O BEATRIZ M. CAPOTE, P.A. 1101 BRICKELL AVE., 17TH FLOOR MIAMI FL 33131		Name	<del></del>		
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. W, etc.			
		City FL		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flo			reby accept the appointment of registered	
A GENERAL PARTNER THAT I	BE REGISTERED AN	D ACTIV	PARTNERSHIP OR OTHE 'E 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	
GAMING MANAGEMENT INTERNATIO	7411 WOODROW WILSON D		LOS ANGELES CA 90046	P96000026169	
		-	**** \$00 <u>0</u> 03/2	0/981/124003 156.25 ****156.25	
Note: General partners MAY NOT I	pe changed on this form	n: an ame	endment must be filed to ch	ange a general partner.	

12. You hereby certify that the Information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

Corporations from any lipplity 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 reporter suckeyd accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the control of the limited partnership, receiver or trustee