

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 21 AM 8:26

1. Name of Limited Partnership	1a. DOCUMENT # A96000002172
POINTE VISTA II, LTD.	



Mailing Address 3300 S. HIAWASSEE ROAD, SUITE 107 ORLANDO FL 32835	Principal Office Address 3300 S. HIAWASSEE ROAD, SUITE 107 ORLANDO FL 32835	3. Date Formed or Registered 11/26/1996	5a. Capital Contributions as Shown on record \$5,985,100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/31/1996	5b. Amount of Capital Contributions in FLORIDA to date. 6,132,900
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 59-3414230	
Zip	Country	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 B&C CORPORATE SERVICES OF CENTRAL FL, INC. 890 N. ORANGE AVE., SUITE 1100 ORLANDO FL 32801	10. If changed, new Registered Agent/Office
	Name 900002415309--1
	Street Address (P.O. Box Number is Not Acceptable) 01/28/98--01114--005
	Suite, Apt. #, etc. ****385.00 ****385.00
	City FL Zip Code

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.

B&C Corporate Services of Central Florida, Inc.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* BY: *[Signature]*, Vice President DATE **1/20/98**

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
POINTE VISTA II, INC.	3300 S. HIAWASSEE ROA	ORLANDO FL 32835	P96000096198
		900002415309--1 -01/28/98--01114--005 ****156.25 ****156.25 <i>BK</i> <i>1/21/98</i>	

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.

SIGNATURE *[Signature]* DATE **12-18-97**

Typed or Printed Name of General Partner Signing Form **CHARLES S. CARLTON** Daytime Telephone Number **407-297-1600**

CR2E003 (6/97)