

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 15 PM 1:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000002172**

POINTE VISTA II, LTD.



Mailing Address

3300 S. HIWASSEE ROAD, SUITE 107  
ORLANDO FL 32835

Principal Office Address

3300 S. HIWASSEE ROAD, SUITE 107  
ORLANDO FL 32835

3. Date Formed or Registered

11/26/1996

5a. Capital Contributions as Shown on record.

\$6,132,900.00

3a. Date of Last Report

01/21/1998

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 4961  
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

6. FEI Number

59-3414230

Applied For  
 Not Applicable

City & State

ORLANDO, FLORIDA

City & State

Zip Country

32802-4961 USA

7. Certificate of Status Desired

\$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

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

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.

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)

POINTE VISTA II, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

3300 S. HIWASSEE ROA

11b. City, State & Zip Code

ORLANDO FL 32835

11c. Registration/Document Number

P96000096198

100002722621--5  
-12/24/98--01101--011  
\*\*\*\*526.25 \*\*\*\*526.25

12/15/99

**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

By: Pointe Vista II, Inc.  
By: *[Signature]*

DATE

Typed or Printed Name of General Partner Signing Form

Lee Chira, Pres.

Daytime Telephone Number

CR2E003 (8/98)