FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Bandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Parlnership

a. DOCUMENT # **A07688**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 31 PM 2: 37



NOLLWOOD APARTMENTS	II, LTD.				
Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US	Principal Office Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US	6954 AMÉRICANA PARKWAY REYNOLDSBURG OH 43068		58. Capital Contributions as Shown on record. \$381,600.00	
2. Mailing Address	2a. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1971198	Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Country	8, Make check payable to: Dep	Fee Required t. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM		Name			
1200 S. PINE ISLAND RD. PLANTATION FL 33324				Box Number 19 No. No. Number 19 No. Number 1	
PLANTATION PL 30024		Suite, Apt. #, etc.		****576.25 ****576.25	
		City		Zip Code	
10a. Pursuant to the provisions of sections 620.1051 at the purpose of changing its registered office or reit am familiar with, and accept the obligations of sections.	igistered agent, or both, in the State of Flor	amed limited partners	s authorized by its general partner(s). I hen	of the State of Florida, submits this statement for aby accept the appointment of registered agent.	
the purpose of changing its registered office or re I am familiar with, and accept the obligations of s SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	gistered agent, or both, in the State of Flor ection 620.192, Florida Statutes. T IS A CORPORATION ST BE REGISTERED A	amed limited partners ida. Such change war I, LIMITED I	PARTNERSHIP OR OTE WITH THIS OFFICE.	of the State of Florida, submits this statement for by accept the appointment of registered agent. ATE	
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