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

1. Name of Limited Partnership

DOCUMENT#

time of the free (1) 97 DEC 19 PM 3: 02 SEULETARY OF STATE TALLAHASSEE, FLORIDA

			4673	/

	A07756				
HEATHERWOOD APARTMEN	TS II, LTD.				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 2a. Principal Office Address		07/20/1979 3a. Date of Last Report	\$375,000.00 5b. Amount of Capital Contributions in Ft ORIDA to date	
2. Malling Address			10/29/1996 4. State or Country of Formation FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2000810	Applied For	
City & State Zip Country	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional foo Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. o	f State (See reverse side for fee information	
9. Name and Address of Curre	ent Registered Agent	Namo	10. If changed, new Register	ed Agont/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.	Zip Code		
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligation signature (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	or registered agent, or both, in the State of Flons of Society 6 (0.192, Florida Statutes	ned limited partnership orida. Such change wa	s authorized by its general pariner(s). I he DATE RTNERSHIP OR OTHE	the State of Florida, submits this statement roby accept the appointment of registered	
MUS 11. Name(s) of General Partner(s)	ST BE REGISTERED AN			Registration/	
CARDINAL INDUSTRIES OF FLORI	11a. (Do NOT Use Post Office E		City, State & Zip Code REYNOLDSBURG OH	F63477	
			700002 -12/3 ****	29857272 078701045024 541.25 ****541.25	
1					
Note: General partners MAY NO					

this annual report is true and acou empowered to execute this report to and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustoc s required by chapter 620, Flor

SIGNATURE

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Typed or Printed Name of General Partner Signing Form

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