


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>  <b>UNITED FINANCIAL GROUP ASSOCIATES II, LIMITED</b>		<b>1a. DOCUMENT #</b> <b>A11234</b>	
<b>Mailing Address</b> <b>225 SWOOPE AVE.</b> <b>POST OFFICE BOX 941313</b> <b>MAITLAND FL 32794</b>		<b>Principal Office Address</b> <b>225 SWOOPE AVE.</b> <b>POST OFFICE BOX 941313</b> <b>MAITLAND FL 32794</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		<b>3. Date Formed or Registered</b> <b>09/28/1981</b>	
		<b>3a. Date of Last Report</b> <b>12/15/1995</b>	
		<b>4. State or Country of Formation</b> <b>FL</b>	
		<b>5a. Capital Contributions as Shown on record</b> <b>\$9,000.00</b>	
		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
		<b>6. FEI Number</b> <b>59-2179737</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 18 AM 11:18



<b>9. Name and Address of Current Registered Agent</b> <b>KAPLAN, HAROLD J.</b> <b>660 CRICKLEWOOD TERRACE</b> <b>HEARTHROW FL 32746</b>		<b>10. If changed, new Registered Agent/Office</b>	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	
<b>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>			
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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
UNITED FINANCIAL GROUP KAPLAN, HAROLD J.	225 S SWOOPE AVE. 6600 CRICKLEWOOD TERR	MAITLAND FL HEARTHROW FL	F26156
200002042282--8 -12/31/95--01062--011 ****201.75 ****201.75			

**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 effect 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

*Harold J. Kaplan*  
HAROLD J. KAPLAN

DATE

12-12-95

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407 628-8444

CR2E003 (6/96)