

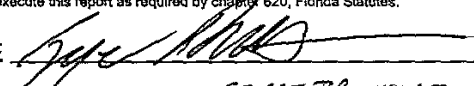


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 DEC 21 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership RSP II BARNETT BANK PLAZA, LTD.		1a. DOCUMENT # A12080		
Mailing Address 121 W. FORSYTH ST. SUITE 200 JACKSONVILLE FL 32202		Principal Office Address 121 W. FORSYTH ST. SUITE 200 JACKSONVILLE FL 32202		3. Date Formed or Registered 02/09/1982 3a. Date of Last Report 12/31/1997 4. State or Country of Formation FL 6. FEI Number 59-2225805 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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)
2. Mailing Address Suite, Apt. #, etc. SUITE 810 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. SUITE 810 City & State Zip Country		
9. Name and Address of Current Registered Agent F&L CORP. 200 LAURA ST. JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 8000082732678-6 City -01/07/99-01007-006 ***1544.70 FL ***41.25		
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
THE REGENCY GROUP, INC.	121 W. FORSYTH ST. #2	JACKSONVILLE FL	F40881 JAN 4 - 1999	
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 		DATE 11-24-98		
Typed or Printed Name of General Partner Signing Form GEORGE BROOKSHIRE, V.P., THE REGENCY GRP		Daytime Telephone Number 904/353-5993		

CR2E003 (8/98)