

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR -1 PM 2: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A12612
SARASOTA PROPERTIES, SERIES II, LTD.	

Mailing Address 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	Principal Office Address 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/01/1982	5a. Capital Contributions as Shown on record \$197,711.74
3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-2196499	<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)	

9. Name and Address of Current Registered Agent NEDBOR, NIKKI J 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	10. If changed, new Registered Agent/Office Name POLLER, NEALE J. Street Address (P.O. Box Number Is Not Acceptable) 550 BILTMORE WAY Suite, Apt. #, etc. SUITE 700 City CORAL GABLES FL 33134
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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 3/26/99

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
SARASOTA II-PROPERTY CORPORA	550 BILTMORE WAY, SUI	CORAL GABLES FL 33134	P94000056699
300002837163--8 -04/12/93--01145--025 ****526.25 ****526.25 4-7-99			

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

SARASOTA II Prop. Corp., Gen. Partner
BY: E. G. Jone, V.P.

DATE

3-29-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)