

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

\$ 576.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 AM 11:05

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ST. THOMAS II, LTD.	1a. DOCUMENT # A12747
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2. Mailing Address 665 SIMONDS ROAD WILLIAMSTOWN MA 01267	2a. Principal Office Address 665 SIMONDS ROAD WILLIAMSTOWN MA 01267	3. Date Formed or Registered 06/25/1982	5a. Capital Contributions as Shown on record \$119,400.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 02/22/1996	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	4. State or Country of Formation FL	
Zip	Country	Zip	Country

6. FEI Number 59-2210565	<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 MILLER, MICHAEL D 801 BAYSHORE BLVD., SUITE 700 TAMPA FL 33608
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City

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
CARIBBEAN PARADISE, INC.	601 BAYSHORE BLVD., S	TAMPA FL 33606	P9500008584
MEACHER, STEVEN C	4215 CARTNAL AVENUE	TAMPA FL 33618	

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 *Harry S. Patten* DATE *12-13-96*
 Typed or Printed Name of General Partner Signing Form *Harry S. Patten* Daytime Telephone Number *413-458-2191*

CR2E003 (6/96)