

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

97 DEC 15 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A14426
WINTER PARK BUSINESS CENTER PHASE II, LTD.	



12/17

Mailing Address 100 WILSHIRE BOULEVARD CASSELBERRY FL 32707	Principal Office Address 100 WILSHIRE BOULEVARD CASSELBERRY FL 32707
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3. Date Formed or Registered 05/02/1983	5a. Capital Contributions as Shown on record. \$144,750.00
3a. Date of Last Report 03/24/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address 154 WILSHIRE BLVD. Suite, Apt. #, etc.	2a. Principal Office Address 154 WILSHIRE BLVD. Suite, Apt. #, etc.
City & State CASSELBERRY, FL	City & State CASSELBERRY, FL
Zip 32707	Zip 32707

6. FEI Number 59-2356939	<input type="checkbox"/> Applied For <input 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 MORLEY, PATRICK M 100 WILSHIRE BOULEVARD CASSELBERRY FL 32707
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable) 154 WILSHIRE BLVD.
Suite, Apt. #, etc.
City FL
Zip Code

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
MORLEY, PATRICK M. PATRICK MORLEY, INC.	342 OLULU DR 154 WILSHIRE BLVD.	WINTER PARK FL CASSELBERRY FL	591875

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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 **12/11/97**