

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 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--------------------------------------|--------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A14751 |
| AMREAL RIDGEWOOD II ASSOCIATES, LTD. | |

| | | | |
|--|---|---|---|
| Mailing Address 2100 APALACHEE PARKWAY #88 TALLAHASSEE FL 32301 | Principal Office Address 2100 APALACHEE PARKWAY #88 TALLAHASSEE FL 32301 | 3. Date Formed or Registered 06/22/1983 | 5a. Capital Contributions as Shown on record. \$1,396,500.00 |
| | | 3a. Date of Last Report 11/26/1997 | 5b. Amount of Capital Contributions in FLORIDA to date. |
| | | 4. State or Country of Formation CA | |
| 2. Mailing Address | 2a. Principal Office Address | 6. FEI Number 95-3795936 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| City & State | City & State | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| Zip | Country | | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent HOGUE, ANITA REO PROPERTIES 2100 APALACHEE PKWY., #88 TALLAHASSEE, FL 32301 | 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 |
| AMREAL FLORIDA ASSOC. | 610 W ASH ST #1400 | SAN DIEGO CA 92101 | G93033000071 |
| 000002740730--3 -01/13/99--01101--024 *****38.75 *****38.75 | | | |

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 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 10/26/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (619) 338-9990

CR2E003 (8/98)