

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

LIMITED PARTNERSHIP
ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF REVENUE
JAMES MORTIMORE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -5 PM 2:33

1. Name of Limited Partnership

Indian Hills ~~Phase II C.V.~~,
Fose Ltd.

1a. DOCUMENT #

A16539

Mailing Address

4902 Eisenhower Blvd
Suite 380
Tampa, FL 33634

Principal Office Address

Mauritskade NR5
2514 HC The Hague
The Netherlands

3. Date Formed or Registered

10/1/85

5a. Capital Contributions as
Shown on record

562,500.00

3a. Date of Last Report

1992

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

NL

2. Mailing Address

4902 Eisenhower Blvd.

2a. Principal Office Address

Mauritskade NR5

Suite, Apt. #, etc.
Suite 380

Suite, Apt. #, etc.

6. FEI Number

98-0073920

☐ Applied For
☐ Not Applicable

City & State
Tampa, FL 33634

City & State
2514 HC The Hague

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip 33634 Country USA

Zip The Netherlands Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Name Euro American Management, Inc.

Street Address (P.O. Box Number Is Not Acceptable)
4902 Eisenhower Blvd.

Suite, Apt. #, etc.
Suite 380

City Tampa FL Zip Code 33634

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 May 15, 1997

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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

Herman

4902 Eisenhower Blvd.
Suite 380

Tampa, FL 33634

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4173.75--4173.75

REINSTATEMENT

CUS R 6-5

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 689, Florida Statutes.

SIGNATURE

DATE May 15, 1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 011-31-70-3647300