


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

FILED

96 DEC 30 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SHELDON ROAD APARTMENTS II ASSOCIATES, LTD.		1a. DOCUMENT # A17005	
Mailing Address 100 N. TAMPA STREET SUITE 4100 TAMPA FL 33602		Principal Office Address 100 N. TAMPA STREET SUITE 4100 TAMPA FL 33602	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc. eto Paragon Group 7557 Rambler Rd. Ste #1200 Dallas, TX 75231		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	



3. Date Formed or Registered 05/10/1984	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FBI Number 75-2584162	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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 HASARA, GERALD L 100 N. TAMPA STREET SUITE 4100 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____

**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) TAMPA SHELDON RD APTS II	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 N. TAMPA STREET	11b. City, State & Zip Code TAMPA FL 33602	11c. Registration/ Document Number A16848
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****200.00 ****200.00

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 **12-18-96**