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 STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 1:13

1. Name of Limited Partnership

CTS PARTNERS NO. 2, LTD.

1a. DOCUMENT # **A17672**

Mailing Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

Principal Office Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

3. Date Formed or Registered
08/16/1984

3a. Date of Last Report
01/10/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$943.00

5b. Amount of Capital Contributions in FLORIDA to date
$1,239.00

6. FEI Number(s)
59-2418182
☐ Applied For
☐ Not Applicable

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See instructions for fee information)

9. **Name and Address of Current Registered Agent**
FISH, DEBORAH L
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

960003145138--3
-01/03/97--01124--007
****191.25 ****191.25

10a. Pursuant to the provisions of sections 620.1007 and 620.1908 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 as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of section 620.1007 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
RCS DEVELOPMENT CORPORATION	999 BAKER WAY, #301	SAN MATEO CA	S20136

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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)(i), Florida Statutes. I hereby release the Division of Corporations from any liability of non-compliance with Sec. for 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; and that I am familiar with and have complied with the provisions of Chapter 620, Florida Statutes.

SIGNATURE RCS Development Corp. Deborah L. Fish, Asst. Sec. DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Deborah L. Fish

Daytime Telephone Number: 407/997-9700

0007153