

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:11

1. Name of Limited Partnership

1a. DOCUMENT #  
**A19360**

**ONE MEMORIAL CENTER ASSOCIATES - PHASE II, LTD.**



Mailing Address

Principal Office Address

~~11775 DORMAN DRIVE~~  
~~SUITE 400~~  
~~ST. LOUIS MO 63146~~

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~~SUITE 400~~  
~~ST. LOUIS MO 63146~~

3. Date Formed or Registered

03/14/1985

5a. Capital Contributions as  
Shown on record.

**\$200.00**

3a. Date of Last Report

01/09/1996

4. State or Country of Formation

MO

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc. **LUCIEN R. FOUKE, JR.**  
**955 EXECUTIVE PARKWAY**  
**SUITE 220**  
City & State **ST. LOUIS, MO 63141**

Suite, Apt. #, etc. **LUCIEN R. FOUKE, JR.**  
**955 EXECUTIVE PARKWAY**  
**SUITE 220**  
City & State **ST. LOUIS, MO 63141**

6. FEI Number

**43-1361898**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



**\$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

**MCLEAN, WILLIAM C.**  
**707 FLORIDA AVE.**  
**TAMPA, FL 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

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

**FOUKE, LUCIEN R. JR.**

**66 BRIARCLIFF**

**ST. LOUIS MO**

**COLLIER, VICTOR M. JR**

**4 HACIENDA DR.**

**ST. LOUIS MO**

**300002014678-5**  
**-11/26/95-01117-013**  
**\*\*\*200.00 \*\*\*200.00**

**cus/KWM**

**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 **11.8.96**

Typed or Printed Name of General Partner Signing Form

**LUCIEN R. FOUKE, JR.**

Daytime Telephone Number

**314.474.4808**

CR2E003 (6/96)