FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A20561**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 27 PM 2: 58



WELLINGTON REAL ESTATE FUND LTD. II					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
5597 TRELLIS LANE	5597 TRELLIS LANE FORT MYERS FL 33919		08/13/1985	\$150,000.00	
FORT MYERS FL 33918			3a. Date of Last Report		
			10/21/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	28 Principal Office Address	28. Principal Office Address		to date:	
ms Himmis Northoo			FL		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		59-2554591 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zin	Zip Country		\$8,75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Curr	ent Registered Agent		10. If changed, new Registere	ed Anent/Office	
MURTY, TIMOTHY J ESQ. 1633 PERIWINKEL WAY, SUITE A		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
SANIBEL FL 33957		Suite, Apt. #, etc.			
		City		Zip Code	
10a. Pursuant to the provisions of sections 620.1051				FL	
egent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU	T IS A CORPORATION ST BE REGISTERED A		PARTNERSHIP OR OTHE /E WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	neral Partner e Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
MURWICK PROPERTIES	5597 TRELLIS LANE		FT. MYERS FL 33919	G93068900009 88323 3323037	
			300002 -10/29 *****	3329037 3/9701092023 41.25 ****541.25	
<u> </u>			dee		
Note: General partners MAY NO	OT be changed on this fo	rm; an am	endment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied will Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this apport as required by	with Section 119.07(3)(k) in the event that the matter shall have the same legal effects	ne information supp	olied is deemed exempt from public access. I furth	her certify that the information indicated on	
SIGNATURE DATE 10/23/45					
Typed or Printed Name of General Partner Signing Form 16414 J. DUT 1440/C Gaytime Telephone Number 941 433-0907					