

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 NOV -4 PM 12:11

1. Name of Limited Partnership

1a. DOCUMENT #
A22275

FLORIDA INCOME FUND II, LIMITED PARTNERSHIP

Mailing Address
**13391-MCGREGOR-BLVD
STE-4
FT. MYERS FL 33919-**

Principal Office Address
**-13391-MCGREGOR-BLVD-
-STE-4-
FT. MYERS FL 33919**

3. Date Formed or Registered
03/27/1986

5a. Capital Contributions as
Shown on record.
\$10,650,000.00

3a. Date of Last Report
10/27/1995

4. State or Country of Formation
OH

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$10,650,000.00

2. Mailing Address
**12800 University Drive
Suite, Apt. #, etc.
Suite 675**

2a. Principal Office Address
**12800 University Drive
Suite, Apt. #, etc.
Suite 675**

City & State

City & State

Zip Country
33907

Zip Country
33907

6. FEI Number
31-1168320

☐ 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

**RAIMONDI, LAWRENCE A.
13391-MCGREGOR-BLVD.
STE-4
FORT MYERS FL 33919-**

10. If changed, new Registered Agent/Office

Name

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

12800 University Drive

Suite, Apt. #, etc.

Suite 675

City

FL

Zip Code

33907

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)

Lawrence A. Raimondi

DATE **10-1-96**

**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)

**MARINER CAPITAL MGMT INC
MCD REAL ESTATE, INC.**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**13391-MCGREGOR-BLVD.
12800 University Dr #675
2100 SOCIETY BANK BLD
800 Superior Ave #2100**

11b. City, State & Zip Code

**FT. MYERS FL 33907
CLEVELAND OH 44114**

11c. Registration/
Document Number

**G48164
F83000001186**

**300002003613--0
-11/13/96--01177-006
****585.00 ****585.00**

KWM /cus

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

Lawrence A. Raimondi

DATE **10-1-96**

Typed or Printed Name of General Partner Signing Form

Lawrence A. Raimondi

Daytime Telephone Number

941 481-2011

CR2E003 (6/96)