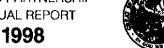
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

SOUTHPOINT SQUARE II, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Pertnership

**DOCUMENT #** A23161

98 JAN -5 PM 3: 18



Mailing Address 4110 SOUTHPOINT BLVD. SUITE 104	Principal Office Address 4110 SOUTHPOINT BLVD. SUITE 104			3. Date Formed or Registered 09/03/1986 3a. Date of Last Report 01/07/1997	5a. Capital Contributions as Shown on record.
JACKSONVILLE FL 32216	JACKSONVILLE FL 32216	JACKSONVILLE FL 32216			5b. Amount of Capital Contributions in FL ORIDA
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation	to date:
	<u> </u>			FL	\$200,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt #, etc.		6. FEI Number	Applied For
City & State	City & State	City & State		59-2790970 7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	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 Current Registered Agent		10, If changed new Registered Agent/Office			
BIRCH, ROBERTA C. 4110 SOUTHPOINT BLVD. SUITE 104 JACKSONVILLE FL 32218		Name  10002405731—6  Stroet Address (P.O. Box Number Is Not Accepted) 1, 720, 733—01171—023  ****541.25  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 femiliar 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)	Address of Foot Copp	rol Dorloor	11b.	City, Stale & 7ip Code	11C. Registration/
BIRCH, ROBERTA C.	11a. (No NOT Uso Post Office Box Numbors)  4110 SOUTHPOINT BLVD.			KSONVILLE FL	Document Number
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 the Corporations from any hability of non-compliance with this applied coord is law and accurate and that my significant in the country of the control of the control of the country of the	Section 119.07(3)(k) in the event that the	information suppli	ied is deen	ned exempt from public access. I furti	ner certify that the information indicated on

Typed or Printed Name of General Partner Signing Form

ROBERTA C. BIRCH

Daytimo Telephone Number 904-281-9105

DATE. 12-30 -97