## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



T. ROWE PRICE REALTY INCOME FUND II, AMERICA'S S

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A23783

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT 15 AM 10: 20



Mailing Address  100 E. PRATT STREET  BALTIMORE MD 21202		Principal Office Address 100 E. PRATT STREET BALTIMORE MD 21202		3. Date Formed or Registered 12/12/1986	5a. Capital Contributions as Shown on record \$84,100,000.00	
DALTIMONE MD 21202				3a. Oate of Last Report 12/08/1995	<b>5b.</b> Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Addres	s	4. State or Country of Formation DE	\$8.3 Million	
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State		City & State		7		
 ?ip	Country		Country	7. Cert ficale of Status Desired	\$8.75 Additional Fee Required	
<u> </u>				8. Make check payable to Dept. of State (Sec reverse's de for fee informa		
9. Name and Address of Current Registered Agent				10. If charged, new Registered Agent/Office		
C T CORPORATION			Name		<del></del>	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number Is Not Acceptable)			
			Suite, Apt #, etc			
			City	and the state of t	Zipi Code	
10		and COC 100 Finally Day has the above			FL	
for the purpose of ch	anging its registered office	or registered agent, or both, in the State of		organized or registered under the laws of s authorized by its general partrier(s). The		
agent Tamitamiliar w	nth, and accept the obligati	ions of section 620 192, Flunda Statutes				
	nt Accepting Appointment)			DATE	<del></del>	
			I I INDICED DA	DTAIEDQUID OD OTHI	O DUOLUEAA ELITITI	
	ARTNER THA MU:	T IS A CORPORATION ST BE REGISTERED	AND ACTIVE V	WITH THIS OFFICE.		
A GENERAL P	MU	T IS A CORPORATION ST BE REGISTERED  Address of Each G  11a. (Do NOT Use Post Off	AND ACTIVE V	WITH THIS OFFICE.	11c. Registration/ Document Number	
A GENERAL P	MU:	ST BE REGISTERED A	eneral Partner (ce Box Numbers)	WITH THIS OFFICE.	Registration/	
A GENERAL P	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	b. City, State & Zip Code	11c. Registration/ Document Number	
A GENERAL P	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	b. City, State & Zip Code	11c. Registration/ Document Number	
A GENERAL P  1. Name(s) of General	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	WITH THIS OFFICE.  b. City, State & Zip Code  BALTIMORE MD	11c. Registration/ Document Number P30002	
A GENERAL P	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	WITH THIS OFFICE.  b. City, State & Zip Code  BALTIMORE MD	P30002	
A GENERAL P	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	WITH THIS OFFICE.  b. City, State & Zip Code  BALTIMORE MD  SIDDED 1  -10/25	11c. Registration/ Document Number P30002	
A GENERAL P	MU:	ST BE REGISTERED A  Address of Each G  (Do NOT Use Post Off	eneral Partner (ce Box Numbers)	WITH THIS OFFICE.  b. City, State & Zip Code  BALTIMORE MD  SIDDED 1  -10/25	P30002  P30002  P30002  P30002	

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)(x), Florida Statutes Trelicase 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 and cated 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 trusted empowered to execute this report as regulated by chapter 620, Florida Statutes.

**SIGNATURE** 

By: Lucy Robins Typed or Printed Name of General Partner Signing Form

Rowe Price Realty Income FundII Management Inc. (410) 345-2160