

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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**

97 APR 10 AM 10:06



1. Name of Limited Partnership	1a. DOCUMENT # A23859
CFS II - SOUTH FLORIDA CENTER, LTD.	

Mailing Address C/O COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940 US		Principal Office Address C/O COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940 US		3. Date Formed or Registered 12/18/1986	5a. Capital Contributions as Shown on record. \$704,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/05/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$704,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2644851 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940	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
COLLIER FINANCIAL SERV.	3003 TAMiami TRAIL NO	NAPLES FL	M06384
<p align="center">9000002144009--5 -04/15/97--01086--006 *****541.25 *****541.25</p> <p align="center"><i>dec \$41.25</i></p>			

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 *Terry L. Flora, VP* DATE 4/7/97
Typed or Printed Name of General Partner Signing Form Terry L. Flora Daytime Telephone Number 941.261.4455