

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

90 APR -8 PM 3:05

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

3a. Date of Last Report

04/10/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

\$704,000.00

4. State or Country of Formation

FL

2. Mailing Address

3003 TAMiami TRAIL NORTH

2a. Principal Office Address

3003 TAMiami TRAIL NORTH

Suite, Apt. #, etc.
SUITE #360

Suite, Apt. #, etc.
SUITE #360

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country
34103 US

Zip Country
34103 US

6. FEI Number

59-2644851

☐ 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

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 Numbers Not Permitted)

Suite, Apt. #, etc.

City

FL Zip Code
34103

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

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-04/10/98--01120--012
******526.25 ****526.25**

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

David G. Joyce

DATE **3/23/98**

DAVID G. JOYCE, SEC./TREAS.

941/261-4455

CR2E003 (12/97)