

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -5 AM 9:16

1. Name of Limited Partnership		1a. DOCUMENT # A23859	
CFS II - SOUTH FLORIDA CENTER, LTD.			
Mailing Address		Principal Office Address	
C/O COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940 34103 US		C/O COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940 34103 US	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip Country		Zip Country	
34103		34103	

99-AR
CM



3. Date Formed or Registered 12/18/1986	5a. Capital Contributions as Shown on record \$704,000.00
3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FL Dollars to date \$704,000.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-2644851	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		10. If changed, New Registered Agent/Office	
COLLIER FINANCIAL SERVICES, INC. 3003 TAMiami TRAIL NORTH STE. #360 NAPLES FL 33940 34103		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City Zip Code FL 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
10000027062151-4 02/02/99-01072-024 ****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

12/18/98

Typed or Printed Name of General Partner Signing Form

David G. Joyce Secretary/Treasurer
Collier Financial Services, Inc.

Daytime Telephone Number

941-261-4455

CR2E003 (8/98)