

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED

97 OCT 27 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A26316

US SWISSINCOME II LTD.

98-AR  
CM #54125



Mailing Address

424 CHURCH STREET  
SUITE 1200  
NASHVILLE TN 37219

Principal Office Address

424 CHURCH STREET  
SUITE 1200  
NASHVILLE TN 37219

3. Date Formed or Registered

04/22/1988

5a. Capital Contributions as  
Shown on record.

\$3,680,000.00

3a. Date of Last Report

10/01/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

3350 Cumberland Circle

2a. Principal Office Address

3350 Cumberland Circle

Suite, Apt. #, etc.

#1500

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta GA

City & State

Atlanta, GA

Zip

30339

Country

USA

Zip

30339

Country

6. FEI Number

59-2904558

☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

BVT REAL ESTATE DEVELOPMENT,

424 CHURCH ST., STE.

3350 Cumberland Circle  
Suite 1500

NASHVILLE-TN 37219

Atlanta, GA 30339

F93000000104

600002334126--0  
-10/30/97--01081--013  
\*\*\*2165.00 \*\*\*\*541.25

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

Melanie A Bunting

DATE

9.16.97

Typed or Printed Name of General Partner Signing Form

Melanie Bunting

Daytime Telephone Number

770) 618-3500

CR2E003 (6/97)