

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 18 PM 2:09

1. Name of Limited Partnership

1a. DOCUMENT #  
**A27538**

**BREVARD ASSOCIATES II, LTD.**

Mailing Address

% MICHAEL DOWLING  
3900 CORAL RIDGE RD  
CORAL SPRINGS FL 33065

Principal Office Address

% MICHAEL DOWLING  
3900 CORAL RIDGE RD  
CORAL SPRINGS FL 33065

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

12/14/1988

3a. Date of Last Report

12/20/1996

4. State or Country of Formation

FL

6. FEI Number

59-2915090

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record.  
**\$400,000.00**

5b. Amount of Capital  
Contributions in FLORIDA  
to date  
**\$ 250,000**

9. Name and Address of Current Registered Agent

COLE, JONATHAN E.  
%EDWARDS & ANGELL  
250 ROYAL PALM WAY  
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

6000002381906-7

Street Address (P.O. Box Number is Not Acceptable)

12/24/97-01050-001

Suite, Apt. #, etc.

\*\*\*541.25 \*\*\*541.25

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

DOWLING, MICHAEL

3900 CORAL RIDGE RD

CORAL SPRINGS FL 3306

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

DATE

Typed or Printed Name of General Partner Signing Form

**MICHAEL DOWLING**

Daytime Telephone Number

954-340-3127

CP2E003 (5/97)