

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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

96 DEC 17 PM 1:01

HE 12/20



1. Name of Limited Partnership
**1a. DOCUMENT #
A27850**

TRAYMORE II LIMITED PARTNERSHIP

Mailing Address 820 W. PACES FERRY ROAD ATLANTA GA 30327-2646 1375 Peachtree St. N.E. Suite 196 Atlanta, Ga. 30309		Principal Office Address 820 W. PACES FERRY ROAD ATLANTA GA 30327-2646 1375 Peachtree St. N.E. Suite 196 Atlanta, Ga. 30309		3. Date Formed or Registered 01/31/1989	5a. Capital Contributions as Shown on record \$495,795.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/04/1996	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation GA	6. FEI Number 58-1823366
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BAGGETT, G. LAURENCE 523 HALIFAX AVE. DAYTONA BEACH FL 32018	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620 105.1 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) SROCHI, STANLEY M.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 820 W PACES FERRY RD	11b. City, State & Zip Code ATLANTA GA 30327	11c. Registration/ Document Number 400002038014--9 -12/26/96--01010--009 ****576.25 ****576.25
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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 Stanley M. Srochi, GENERAL PARTNER DATE 12-12-96
 Typed or Printed Name of General Partner Signing Form Stanley M. Srochi Daytime Telephone Number (404) 875-1882

CR2E003 (6/96)