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

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A28529

APPROVED AND FILED

98 DEC 21 PH 1: 34

SECRETARY OF STATE FALLAHASSEE, FLORIDA

	AZOJZJ						
WILDWOOD PROPERTIES II, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	Contributions as	
P.O. BOX 5252 LAKELAND FL 33807	5015 S. FLORIDA AVENUE. SUITE 200 LAKELAND FL 33813-5252			06/22/1989 3a. Date of Last Report 11/24/1997	\$5,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to batte			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-3003827	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired \$8.75 Additional			
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
			40				
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
MCFARLANE, PETER A P.A. 5015 S. FLORIDA AVENUE		Street Address (P.O. Box Number is Not Acceptable)					
SUITE 215		Suite, Apt. #, etc.					
LAKELAND FL 33813		City FL Zip Code					
10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of sections.	stered agent, or both, in the State of Florid						
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 (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CENTURY REALTY FUNDS, INC. 5051 S. FLORIDA AVENU		LAKEU		LAND FL 33813	616872		
Ç				8000027 -01/08/ ****15	7345 3901 0.00	3582 074016 ****150.00	
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CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby cartify 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 cartify 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 cartify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this region as required by chapter 620, Florida Statutes.

SIGNATURE.

Lawrence T. Maxwell

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(941) 647-1581

Typed or Printed Name of General Partner Signing Form

___ Daytime Telephone Numbe