


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
1. Name of Limited Partnership HARVEY ASSOCIATES II LTD.		1a. DOCUMENT # A29290 <i>98-AR CM</i>	

FILED
97 DEC 23 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 605 LOCUST STREET GARDEN CITY NY 11530		Principal Office Address 605 LOCUST STREET GARDEN CITY NY 11530		3. Date Formed or Registered 12/05/1989	5a. Capital Contributions as Shown on record. \$404,088
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/18/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$318,803
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation NY	
City & State		City & State		6. FEI Number 11-2887534	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, now 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) SID HARVEY INDUSTRIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 605 LOCUST ST.	11b. City, State & Zip Code GARDEN CITY NY 11530	11c. Registration/ Document Number P35410 F99-6805
600002384246--5 -12/29/87--01054--013 ****541.25 ****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 _____

DATE _____

Russell TumSuden Senior Vice President for

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(516) 745-9200

CR2E003 (6/97)