

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -5 PM 1:33

1. Name of Limited Partnership

1a. DOCUMENT #  
**A29290**

HARVEY ASSOCIATES II LTD.



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.

\$404,088.00

3a. Date of Last Report

12/23/1997

5b. Amount of Capital Contributions in FLORIDA to date:

104,081

4. State or Country of Formation

NY

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

11-2887534

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

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, 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)

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

F07000006805

600002737356--E  
-01/11/98-01143--025  
\*\*\*\*526.25 \*\*\*\*526.25

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

*[Signature]* SVP Sid Harvey Industries, Inc. DATE 1/11/98

Typed or Printed Name of General Partner Signing Form

Russell T. Sullivan SVP  
Sid Harvey Industries, Inc.

Daytime Telephone Number 316 745 9280

CR2E003 (8/98)