## 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

1. Name of Limited Partnership

**BOUTIN FAMILY LTD. II** 

1a. DOCUMENT # **A30980** 

FILED SECRETARY OF STATE DIVISION OF COPPORATIONS

96 NOV 19 PM12: 18

Mh 11/25



Principal Office Address	P 111 00700 1 111 1 1 1 1 1 1 1 1 1 1 1 1	_		
		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
4010 GALT OCEAN DR. #511		12/24/1990		
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308		3a. Dale of Last Report	\$2.00	
		11/08/1995	5b. Amount of Capital Contributions in FLORIDA	
198 0		4. State or Country of Formation	lo date.	
Za. Principal Office Address	e .	FL	2.00	
Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State		65-0233708	Not Applicable	
	0	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip /	8. Make check payable to: D		ept. of State (See reverse side for fee information	
urrent Registered Agent		10 If changed new Registers	d Arrent/Office	
	Name			
BOUTIN, ROLLANDE D 4010 GALT OCEAN DR. #511		Street Address (P.O. Box Number Is Not Acceptable)		
	Suite. Apt. #. etc			
			1 - 6	
	City		FL Zip Code	
ice of registered adem, of both, in the State of Fig				
galions of section 620.192, Floyida Statutus. nt). IAT IS A CORPORATION, I UST BE REGISTERED AN	LIMITED PAR D ACTIVE W	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.	eby accept the appointment of registered	
galions of section 620.192, Florida Statutus. nt) . AT IS A CORPORATION, I	LIMITED PAR D ACTIVE W	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.	oby accept the appointment of registered	
galions of section 620.192, Floyida Statutus. nt). IAT IS A CORPORATION, I UST BE REGISTERED AN	LIMITED PAR D ACTIVE W	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.	ER BUSINESS ENTITY	
	City & State  Zip  Urrent Registered Agent  51 and 620, 192, Horida Statutes, Iliic above-name	Suite, Apt. #, etc.  City & State  Zip Country  Dirrent Registered Agent  Name  Street Address (F.C.  Suite, Apt. #, etc.  City  Stand 620, 192, Horida Statutes, the above-named limited partnership of	28. Principal Office Address  Suite, Apt. #, etc.  City & State  7. Certificate of Status Desired  8. Make check payable to: Dept. of Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.	

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 Oxis on 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 Rollande & Bouten
Typed or Printed Namo of General Partner Signing Form Rollande & Boutin

DATE 11-12-96

Daytime Telephone Number 954-564-2484