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

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 15 AM11: 56

| 1. Name of Limited Partnership | ¹⁸ A31000 | ¹⁸ A31000 A31000 | | 38 2FL 12 WALL: 20 | |
|--|--|--|---|---|--|
| KG ASSOCIATES II, LTD. | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | 5a. Capital Contributions as Shown on record. | |
| POST OFFICE BOX 18636 | POST OFFICE BOX 18636 | POST OFFICE BOX 18636 WEST PALM BEACH FL 33416 | | \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: | |
| WEST PALM BEACH FL 33416 | WEST PALM BEACH FL 33416 | | | | |
| 2. Malling Address | 2a. Principal Office Address | 2a. Principal Office Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Applied For | |
| City & State | City & State | 59-2411094 | | Not Applicable | |
| Zip Country | Zin | Zip Country | | \$8.75 Additional Fee Required | |
| Country | Zip | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 9. Name and Address of C | Current Registered Agent | | 10. If changed, new Registered | Agent/Office 15 St. 75 | |
| RAY, GEORGE | | Name RAY JOHNAS | | | |
| 1607 FLAGLER BLVD. | | Street Address (P.O. Box Number Is Not Acceptable) | | | |
| LAKE PARK FL 33403 | | Sulte, Apt. #, etc. | | | |
| | | cну W. | Paun Best | FL 334by | |
| 10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the obli | fice or registered agent, or both, in the State of Flo | ned limited partne | orship organized or registered under the laws of the le was authorized by its general partner(s). I hereby | State of Florida, submits this statement accept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointme | nt) | | DATE | | |
| A GENERAL PARTNER TH | HAT IS A CORPORATION, NUST BE REGISTERED AN | LIMITED ID ACTIV | PARTNERSHIP OR OTHE /E WITH THIS OFFICE. | R BUSINESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gene (Do NOT Use Post Office I | ral Partner Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number | |
| RAYDEVCO, INC. | 1607 FLAGLER BLVD. | | LAKE PARK FL 33403 | Q5222 5 | |
| | | * - | 100002 -09/15 ****1 | 67.50 ****167.50 | |
| | | | | met | |

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

2. 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 the triny 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 popular presented by chapter 620, Florida Statutes.

SIGNATURE _

Typed or Printed Name of General Partner Signing Form Fortie A. Chy. Pre

Daytime Telephone Number 56/- 582-1016

CKZE003 (8/98)