


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	
1. Name of Limited Partnership HYDE PARK PLACE, LTD., II		1a. DOCUMENT # A31148	
Mailing Address 100 WEST KENNEDY BLVD. #720 TAMPA FL 33602		Principal Office Address 100 WEST KENNEDY BLVD. #720 TAMPA FL 33602	
2. Mailing Address Post Office 18464 Suite, Apt. #, etc. Tampa, Florida City & State 33679 Zip Country		2a. Principal Office Address 1302 N. 19th Street Suite, Apt. #, etc. Tampa, Florida City & State 33605 Zip Country	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Formed or Registered 02/01/1991		5a. Capital Contributions as Shown on record. \$100,000.00
3a. Date of Last Report 02/20/1998		
4. State or Country of Formation FL		5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3050782		
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent HOWELL, DANIEL B 100 WEST KENNEDY BLVD. #720 TAMPA FL 33602		10. If changed, new Registered Agent/Office Name: Howell, Daniel B. Street Address (P.O. Box Number is Not Acceptable): 1302 N. 19th Street Suite, Apt. #, etc.: Tampa, Florida City: Tampa, Florida Zip Code: FL 33605	
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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) BAY VILLA DEV., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 W. KENNEDY BLVD. 1302 N. 19th Street Tampa, Florida 33605	11b. City, State & Zip Code TAMPA FL 33602	11c. Registration/Document Number G44274
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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 10/13/98

Typed or Printed Name of General Partner Signing Form

Daniel B. Howell, President

Daytime Telephone Number

(813) 247 4949

CR2E003 (8/98)