


**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 JLI INVESTORS II, LTD.		1a. DOCUMENT # A31736	
Mailing Address 1900 LEE RD SUITE 109 ORLANDO FL 32810		Principal Office Address 1500 LEE RD SUITE 109 ORLANDO FL 32810	
2. Mailing Address 19 Funk St		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Strasburg PA		City & State	
Zip 17579		Country	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB -7 AM 9:40



3. Date Formed or Registered 06/28/1991		5a. Capital Contributions as Shown on record \$108,000.00	
3a. Date of Last Report 12/11/1995		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-1609927	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent DETWEILER, MARLIN 1500 LEE RD., SUITE 109 ORLANDO FL 32810		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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c. Registration/Document Number	
DETWEILER, MARLIN		1500 LEE RD., #109		ORLANDO FL 32810			
FLANNAGAN, STEPHEN H.		1500 LEE RD., #109		ORLANDO FL 32810			

600002085326--7
 -02/12/97--01076--008
 *****585.00 *****585.00

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

2.3.97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)