

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -7 PM 1:54



1. Name of Limited Partnership
1a. DOCUMENT #
A32880

HAVEN MANOR PARTNERS II, LTD.

Mailing Address 201 SOUTH AMELIA AVE., UNIT B-3 DELAND FL 32724		Principal Office Address 201 SOUTH AMELIA AVE., UNIT B-3 DELAND FL 32724		3. Date Formed or Registered 04/22/1992	5a. Capital Contributions as Shown on record \$500.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 03/10/1997	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date:
Zip	Country	Zip	Country	6. FEI Number 59-3116974	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
GUIRLINGER, ROBERT A 201 SOUTH AMELIA AVE UNIT B-3 DELAND FL 32724		Name 000002346800--2	
		Street Address (P.O. Box Number Is Not Acceptable) 11/13/97--01087--022	
		Suite, Apt. #, etc. ****165.00 ****165.00	
		City	Zip Code FL

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
CENTRALK GENERAL PARTNERS I,	201 S AMELIA AVE UNIT	DELAND FL	V30073

[Handwritten Signature]

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 Donald Harp DATE 12/1/97
 Typed or Printed Name of General Partner Signing Form DONALD HARP Daytime Telephone Number 614 863-2727

CR2E003 (6/97)