


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 JAN -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership EUCHRE GROUP II, LTD.		1a. DOCUMENT # A33086	
Mailing Address 811 S.W. 44TH STREET CAPE CORAL FL 33914		Principal Office Address 811 S.W. 44TH STREET CAPE CORAL FL 33914	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 07/09/1992	
		3a. Date of Last Report 01/04/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$904,289.92	
		5b. Amount of Capital Contributions in FLORIDA to date	
		6. FEI Number 65-0234417	
		<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)	



2017-10-13

9. Name and Address of Current Registered Agent CARL A. BAILEY, II, INC. 811 S.W. 44TH STREET CAPE CORAL FL 33914		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		000002059650-2 -01/16/97-01002-028 *****585.00 FL *****585.00	
10a. Pursuant to the provisions of sections 620.103(1) 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) CARL A. BAILEY, II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 811 S.W. 44TH STREET	11b. City, State & Zip Code CAPE CORAL FL	11c. Registration/Document Number H70240

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

Carl A. Bailey, II

DATE

12-31-96

Typed or Printed Name of General Partner Signing Form

Carl A. Bailey, II

Daytime Telephone Number

941-549-6318

CR2E003 (6/96)