## 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

DOOLINAENT #

97 DEC 16 AM 11:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name of Limited Partnership	A33086			
CUCHRE GROUP II, LTD	).		( 1681) 1100 ANION ANION ANION ANION (	LEHNE ENIY CIRCIN EREKE CIRKI EREKE CIRKI EREKE KODA
	•			JA 2/18
Mailing Address	Principal Office Address	<del></del>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
B11 S.W. 44TH STREET	811 S.W. 44TH STREET		07/09/1992	\$904,289.92
CAPE CORAL FL 33914	CAPE CORAL FL 33914	CAPE CORAL FL 33914		
			01/03/1997	<b>5b.</b> Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State of Country of Formation.—	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		65-0234417	Not Applicable
				\$8.75 Additional Fee Required
Zip Country	Žip	Country	8. Make check payable to: Dept. o	State (See reverse side for fee information
		<u> </u>	10	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office  Name		
CARL A. BAILEY, II, INC.		Street Address (P.O. Box Number Is Not Acceptable)		
811 S.W. 44TH STREET		Suite, Apt. #, etc.		
CAPE CORAL FL 33914				
		City		FL Zip Code
agent. I am familiar with, and accept  SIGNATURE (Registered Agent Accepting Apr	R THAT IS A CORPORATION.	LIMITED P	ARTNERSHIP OR OTHE	:
d d	MUST BE REGISTERED A	Dordman	1b. City, State & Zip Code	11c. Registration/
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	Box Numbers)	TD. City, State & Zip Code	Document Number
CARL A. BAILEY, II, INC.	811 S.W. 44TH STREET		CAPE CORAL FL	H70240
				3 <b>80418</b> 2 /3701056008 50,00 ****550.00
Note: General partners M	AY NOT be changed on this for	m; an amen	dment must be filed to ch	ange a general partner.
<ol> <li>I do hereby certify that the information s Corporations from any liability of non-oc this annual report is true and accurate a empowered to execute this report as re</li> </ol>	upplied with this filling is voluntarily furnished and does impliance with Section 119.07(3)(k) in the event that the and that my signature shall have the same legal effects	not qualify for the exi	emption stated in Section 119.07(3)(k), Florida I is deemed exempt from public access. I furt n. I further certify that I am a General Partner	a Statutes. I release the Division of her certily that the information indicated on
SIGNATURE	Cool A R. I			
Typed or Printed Name of General Partner Sign	ing Form <u>CARI A. Baile</u>	<u> </u>	Daytime Telephone Number _	91-549-6318