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 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -8 PM 1: 04

1. Name of Limited Partnership

DOCUMENT# A33119

	1 10 0 1 10				
PARK PLACE II LTD.					
Mailing Address	Principal Office Address		3. [Date Formed or Registered	5a. Capital Contributions as Shown on record.
1343 MAIN ST., 5TH FLOOR SARASOTA FL 34236	1343 MAIN ST., 5TH FLOOR SARASOTA FL 34236			6/26/1992 Date of Last Report 0/14/1997	\$283,687.00
2. Mailing Address	2a. Principal Office Address			tate or Country of Formation	Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	••	El Number 9-3130954	Applied For Not Applicable	
City & State	City & State		<u> </u>	ertificate of Status Desired	\$3.75 Additional Fee Required
Zip Country	Zip	Country	8. 1	lake check payable to: Dept. of St	tate (See reverse side for fee information)
9 Name and Address of Current R	legistered Agent		10	0. If changed, new Registered	Agent/Office
MANNAUSA, THOMAS J 1343 MAIN ST., 5TH FLOOR SARASOTA FL 34236 10a. Pursuant to the provisions of sections 620.1051 and to for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	istered agent, or both, in the State of Floric f section 620, 192, Florida Statutes. S A CORPORATION, L BE REGISTERED ANI	Suite, Apt. # City I limited partne la. Such chang	#, etc. ership organized or ge was authorized by	DATE_	12 2 98 R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner x Numbers)	11b. (City, State & Zip Code	11c. Registration/ Document Number
DAVIS, RONNIE C				R Y FL 32669 FA FL 34236 EDDDD2 ⁻ -12/10/ ****\$3	7092067 '9801034017 '\$.00 ****535.00
Note: General partners MAY MOT	be changed on this form	ı; an ame	endment m	ust be filed to cha	nge 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 aright has 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.

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Typed or Printed Name of General Partner Signing Form

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