FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A9200000118

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 PM 2: 23

| AZALEA PARK II, A FLORIDA LIMITED PARTNERSHIP | | | | | | | |
|---|---|---|--|---|---|--|----------------|
| Mailing Address | Principal Office Address | | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | | \neg |
| 3711 CORTEZ ROAD WEST SUITE 300 | 3711 CORTEZ ROAD WEST SUITE 300 | | | 11/17/1992 3a. Date of Last Report | \$10.00 | | |
| BRADENTON FL 34210 | BRADENTON FL 34210 | | | 10/03/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: | | - |
| 2. Mailing Address | 2a. Principal Office Address | | | 4. State or Country of Formation | #10.00 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Number | Applied For | | 7 |
| City & State | City & State | | | 65-0366507 7. Certificate of Status Desired | Not Applicable \$8.75 Additional | | - |
| Zip Country | Zip | Zip Country | | 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 | | | | |
| | | Name | | | | | 7 |
| SCHIER, JAMES R 3711 CORTEZ ROAD WEST | | | Street Address (P.O. Box Number Is Not Acceptable) | | | | |
| SUITE 300 | Suite, Apt. #, et | | ŧ, etc. | <u> </u> | | | \dashv |
| BRADENTON FL 34210 | | City FL Zip Code | | | | Zip Code | \dashv |
| 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 Genera | Partner | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | 7 |
| NEAL COMMUNITIES, INC. 3711 CORTEZ ROAD WE | | | | DENTON FL 34210 | | | CR2E003 (8/98) |
| N | | | | 1000027 -12/03/1 *****14 | | | CRZ |
| Note: Consul parts are MAY NOT I | | | | nt must be filed to abo | | anaval marke av | _ |
| Note: General partners MAY NOT I 12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signa empowered to execute this report as required by chapter SIGNATURE Typed or Printed Name of General Partner Signing Form | filing is voluntarily furnished and does not action 119.07(3)(k) in the event that the influtre shall have the same solal effects as in 620, Florida Statutes | qualify for the ormation supplif made under o | exemption si fed is deeme ath. I further | tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further or certify that I am a General Restor of the | atutes. I release certify that the le limited part Pa RT | se the Division of Information Indicated on nership, receiver or trustee | - |
| typed or Printed Name of General Partner Signing Form | 1/1/2 1/1 P-1/1 E | ~ ~ ~ ~ ~ ~ | | - navitue relebuous innumber - | , , <u>, , , , , , , , , , , , , , , , , </u> | | - |