

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000126

RIVERSIDE GOLF INVESTMENTS II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN - 7 AM 9:19



Mailing Address 111 RIVERSIDE AVE SUITE 330 JACKSONVILLE FL 32202	Principal Office Address 111 RIVERSIDE AVE SUITE 330 JACKSONVILLE FL 32202	3. Date Formed or Registered 11/20/1992	5a. Capital Contributions as Shown on record. \$200.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip	3a. Date of Last Report 12/11/1996	5b. Amount of Capital Contributions in FLORIDA to date: FL
		4. State or Country of Formation FL	6. FEI Number 59-3157376
		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SMITH, HULSEY & BUSEY 225 WATER ST. STE. #1800 JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MELNIK, STEVEN N	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 RIVERSIDE AVE, #3	11b. City, State & Zip Code JACKSONVILLE FL 32202	11c. Registration/ Document Number 800002410728--8 -01/23/98--01112--008 ****156.25 ****156.25
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No General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Sandra B. Northam *Dec. 1, 1997*

DATE