

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 4:04

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000492

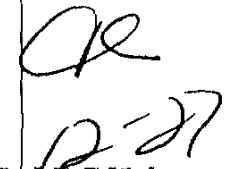
HOMESTEAD HOUSING PARTNERSHIP II, LTD.



Mailing Address C/O THE RICHMAN GROUP OF CT., L.L.C. 599 WEST PUTNAM AVENUE GREENWICH CT 06830-6005		Principal Office Address C/O THE RICHMAN GROUP OF CT., L.L.C. 599 WEST PUTNAM AVENUE GREENWICH CT 06830-6005		3. Date Formed or Registered 05/06/1993	5a. Capital Contributions as Shown on record \$3,694,642.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/12/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent WOLFE, LEON J ESQ. C/O BERMAN WOLFE & RENNERT 100 S.E. 2ND STREET, 3500 INTERNATIONAL PL MIAMI FL 33131-2130		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
THE RICHMAN GROUP OF FLORIDA	330 CLEMATIS, STE. 21	WEST PALM BEACH FL 33	P93000082822
 100002042951--9 -01/02/97--01011--012 ***576.25 ***576.25			

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 _____

DATE **12/17/96**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)