

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -7 AM 8: 59

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

3a. Date of Last Report

12/20/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

222 Clematis Street
Suite, Apt. #, etc.

Suite 207

City & State

West Palm Beach, FL

Zip

Country

33401 Palm Beach

2a. Principal Office Address

222 Clematis Street
Suite, Apt. #, etc.

Suite 207

City & State

West Palm Beach, FL

Zip

Country

33401 Palm Beach

4. State or Country of Formation

FL

6. FEI Number

65-0637239

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

Zip Code

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)

THE RICHMAN GROUP OF FLORIDA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

330 CLEMATIS, STE. 21

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration/Document Number

P93000082822

3000012315/10/13-4
-10/08/97-0/023-001
****550.00 ****550.00

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

10/3/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)