

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 14 PM 12:14

mtm  
12/21



1. Name of Limited Partnership	1a. DOCUMENT # A93000000843
SILVER TERRACE ORLANDO II, LTD.	

Mailing Address 2296 W. AIRPORT BLVD SANFORD FL 32771	Principal Office Address 2296 W. AIRPORT BLVD SANFORD FL 32771	3. Date Formed or Registered 08/12/1993	5a. Capital Contributions as Shown on record. \$300,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/24/1997	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 59-3200375	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 CANFLOR MANAGEMENT, INC. 2296 W. AIRPORT BLVD SANFORD FL 32771	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) CANFLOR GENERAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2296 W. AIRPORT BLVD	11b. City, State & Zip Code SANFORD FL	11c. Registration/ Document Number L75519
3000002721218-1 -12/23/98-01075-003 ***526.25 ***526.25			

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

9.14.98

Typed or Printed Name of General Partner Signing Form

ANNIS ARMSTRONG

Daytime Telephone Number

407-302-1252

CR2E003 (8/98)