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 DEC 19 AM 9: 30

1. Name of Limited Partnorship	1	A9300001135		12/29	
AMDEV-LEE PROPERTI	IES II, LTD.			# ## ##	
Mailing Address	Principal Office Addross	Principal Office Address		5a. Capital Contributions as Shown on record	
P.O. BOX 3789 ORLANDO FL 32802-3789	P.O. BOX 3789 ORLANDO FL 32802-3789			\$379,000.00	
			12/13/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & Stale		Not Applicable	
Zip Country	Zip	Zip Country		Rectificate of Status Desired S. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Addre	ess of Current Registered Agent	Name	10. If changed, new Registered	J Agent/Office	
MOORE, DONALD L JR. 715 FRANKLIN LANE ORLANDO FL 32802		Singer Address (P.O. Box Number Is Not Acceptable) Sulle, Apt. W, etc.			
for the purpose of changing its regis	s 620 1051 and 620,192, Florida Statutes, the above-nametered office or registered agent, or both, in the State of Fl				
SIGNATURE (Registered Agent Accepting Ap			DATE		
A GENERAL PARTNE	R THAT IS A CORPORATION, MUST BE REGISTERED AN	ID ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11, Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office F	ral Partner Box Numbers)	11b. Crty, State 8 Zrp Code	11c. Registration/ Document Number	
AMDEV CORPORATION 237 ERNESTINE ST.			ORLANDO FL 32801	G51280	
			000002 -12/30 ****\$	3856404 /8701040018 50.00 ****550.00	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 eath. I further certify that I am a General Parlnor of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE -

Typed or Printed Name of General Partner Signing Torm

DATE 12-10-97 Daytime Telephone Number 407-648-1090