

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC -5 AM 9:34

12/19



1. Name of Limited Partnership

1a DOCUMENT #
A94000000311

SUNSHINE PORTFOLIO, LTD. II

Mailing Address
**1777 NORTHEAST EXPRESSWAY, SUITE 225
ATLANTA GA 30329**

Principal Office Address
**1777 NORTHEAST EXPRESSWAY, SUITE 225
ATLANTA GA 30329**

3. Date Formed or Registered
03/10/1994

5a. Capital Contributions as
Shown on record
\$1,063,248.00

3a **02/08/1996** Report

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$1,063,248.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite 4145

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. **59-0229440**

☐ 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

**BAITA INTERNATIONAL, INC.
8130 BAYMEADOWS WAY WEST
SUITE 302
JACKSONVILLE FL 32256**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

200002027582--0

City

-12/12/96--01084--005

*****576.25 FL ***576.25**

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)

BAITA INTERNATIONAL, INC.

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

1777 NORTHEAST EXPRES

11b. City, State & Zip Code

ATLANTA GA 30329

11c. Registration/
Document Number
F94000000215

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

David J. Kolosky

DATE

12/10/96

Typed or Printed Name of General Partner Signing Form

DAVID J. KOLOSKY

Daytime Telephone Number

(404) 636-4776

0000449

CR2E003 (6/96)