

**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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership	1a. DOCUMENT # A94000000378
LIBERTY SQUARE II, LTD.	

Mailing Address 2611-B WEST 23RD STREET PANAMA CITY FL 32405		Principal Office Address 2611-B WEST 23RD STREET PANAMA CITY FL 32405		3. Date Formed or Registered 03/22/1994	5a. Capital Contributions as Shown on record \$270,270.00
				3a. Date of Last Report 01/25/1996	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address			6. FBI Number 59-2112264 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State			8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent JENKINS, ERIC A 2611-B WEST 23RD STREET PANAMA CITY FL 32405	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 620 105.1 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) VITA VA, INC. REICH, STEVEN M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1156 15TH STREET, NW, 317 GARDEN ROAD	11b. City, State & Zip Code WASHINGTON DC 20005 PALM BEACH FL 33480	11c. Registration/Document Number 537422
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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

12-14-96

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)