

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A94000001679

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 21 PM 4:13

LIMITED PARTNERSHIP ANNUAL REPORT 1999		1a. DOCUMENT # A94000001679	
Mangonia Residence I, Ltd		3. Date Formed or Registered 12/12/94	
Mailing Address 319 Clematis Street Suite 409 West Palm Beach, FL 33401		3a. Date of Last Report 5/19/98	
Principal Office Address 319 Clematis Street Suite 409 West Palm Beach, FL 33401		4. State or Country of Formation Florida	
2. Mailing Address		5a. Capital Contributions as Shown on record. 8,993,976.00	
2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date: \$7,760,477	
Suite, Apt. #, etc.		6. FEI Number 65-0539957	
City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent Corporate Access, Inc 1116-D Thomasville Road Tallahassee, Florida 32303		10. If changed, new Registered Agent/Office Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Suite, Apt. #, etc. City Tallahassee	
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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) Andrea Stark for NRAI Services, Inc. DATE 1/20/99

**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 Partnership, Inc. 319 Clematis Street Suite 409 West Palm Beach, FL 33401	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 319 Clematis St. Suite 409	11b. City, State & Zip Code West Palm Beach, Florida 33401	11c. Registration/ Document Number N96000003114
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BR
1/21/99

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 [Signature] President DATE 1/19/99

Typed or Printed Name of General Partner Signing Form John Corbett, President Daytime Telephone Number 561 659 1201 x14

CR2E003 (8/98)

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LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A9500000754

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 21 PM 3:04

1. Name of Limited Partnership P.G.A. II, Ltd.		1a. DOCUMENT # A9500000754	
Mailing Address 1551 Forum Place Suite 100 West Palm Beach, FL 33401		Principal Office Address (same)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 5/16/95		5a. Capital Contributions as Shown on record. 944,888.00	
3a. Date of Last Report 12/26/97		5b. Amount of Capital Contributions in FLORIDA to date: 944,888.00	
4. State or Country of Formation Florida		6. FEI Number 65-0549391	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information) \$1,025.00	

9. Name and Address of Current Registered Agent Peter Brock 1551 Forum Place Suite 100 West Palm Beach, FL 33401		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) P.G.A. II, Corp.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1551 Forum Place Suite 100	11b. City, State & Zip Code West Palm Beach, FL 33401	11c. Registration/Document Number P94000092357 800002750438--2 BK 1/21/99
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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.

P.G.A. II, Corp.

SIGNATURE By:

DATE

1/20/99

Typed or Printed Name of General Partner Signing Form

PETER BROCK, FOR P.G.A. II CORP.
PRESIDENT

Daytime Telephone Number

561684 1040

CR2E003 (8/98)