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

1. Name of Limited Partnership

DOCUMENT # A95000000136

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						1 8 6 612 8 6 111 8 6 111	B N	
IITIGATION S	SOLUTIONS II,	LTD.			1 10000 15 1010 1010 1010 1011 1000		30111	
Mailing Address Principal Office Address					Date Formed or Registered	d 5a. Capital Contributions as Shown on record		
6 JOHN J. ALLEN		% JOHN J. ALLEN	% JOHN J. ALLEN 1301 RIVERPLACE BLVD., SUITE 2552 JACKSONVILLE FL 32207		01/26/1995		67 500 00	
301 RIVERPLACE BLVD					3a. Date of Last Report	/1997 5b. Amount of Capital Contributions in LLOHIDA		
ACKSONVILLE FL 3220	Ur .	JACKSONVILLE FL 32207			01/23/1997			
2. Mailing Address		2a. Principal Office Address			State or Country of Formation	to da	ite:	
					FL			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State		City & State			59-3289288		Not Applicable	
Zip	Country	7 _{(D}	Country	7	. Certificate of Status Desired	\$8.75 Additional Fee Required		
				8. Make check payable to: Dept.		of State (See reverse side for fee informat		
	Name and Address of Cu	urent Registered Agent			10. If changed, new Registe	red Apont/Olfred		
		The strong strong Agent	Name		10, in changed, new riegiste	Teo Agontonico	<u></u>	
MITIGATION SOL	•		Street Addre	ss (P.O. Box	Number (s Not Acceptable)			
1301 RIVERPLACI	E BLVD., SUITE 2552		i					
	· ·		Suite, Apt #.	ptc.				
JACKSONVILLE F	· ·		Suite, Apt #,	olc.			7 Code	
JACKSONVILLE F	FL 32207		City			FL	Zip Code	
JACKSONVILLE F Oa. Pursuant to the portine purpose of agent. I am famil	FL 32207 provisions of sections 620.105 of changing its registered official with, and accept the oblig Agent Accepting Appointment PARTNER THA	of end 620.192, Florida Statutes, the above-note or registered agent, or both, in the State of alions of section 620.192, Florida Statutes. AT IS A CORPORATION JST BE REGISTERED A	City named limited partner of Florida. Such chang	ship organizi ic was author	ized by its general partner(s). I h DAT ERSHIP OR OTH	The State of Floreroby accept the	ida, submits this statemore appointment of registerer	
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12. I do hereby certily 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 cert fy that the information indicated on this annual report is true and accurate and usal my signature shall have the same legal effects as if made under earth. I further certify that I am a General Partner of the limited partnership, receiver or trustees empowered to execute this report as a course of the limited partnership. Force or trustees empowered to execute this report as a course of the limited partnership. Force or trustees empowered to execute this report as a course of the limited partnership. empowered to execute this report as require

Typed or Printed Name General Partner Signing Form

John J. Allen

DATE: 12/30/97

Dayline Telephone Number (904) 34/-000 8