

**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 20 PM 1:14



BK 12/20/96

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000555

MYSTIC POINTE II LTD.

2. Mailing Address

5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

2a. Principal Office Address

5700 S.W. 34TH STREET, SUITE 1307
GAINESVILLE FL 32608

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered
04/06/1995

3a. Date of Last Report
03/19/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-3413037 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

DAVIS, NORITA V
20721 S.W. 46TH AVENUE
NEWBERRY FL 32669

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ **FL** Zip Code _____

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
DAVIS, RONNIE C	5006 S.W. 202ND STREE	NEWBERRY FL 32669	
DAVIS, NORITA V	5006 S.W. 202ND STREE	NEWBERRY FL 32669	

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*****200.00 ***200.00**

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 **10/29/96**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)