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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000000555

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MYSTIC P	OINTE II LTD.				
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
5700 S.W. 34TH	STREET, SUITE 1307	5700 S.W. 34TH STREET. SUITE 1307		04/06/1995	A 100 00
GAINESVILLE FL	32606	GAINESVILLE FL 32608		3a. Date of Last Report	\$100.00
				11/24/1997	5b. Amount of Capital
		4. State or Country of Formation	Contributions in FLORIDA to date:		
2. Mailing Add		2a. Principal Office Address		FL	
Suite, Apt. #, et	C.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State		City & State		59-3413037	Not Applicable
Žip	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered	d Agent/Office	
DAVIS, NOF	RITA V		Name		
20721 S.W. 46TH AVENUE NEWBERRY FL 32669		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.	500002 -12/18	716125-1 /38-01071-006	
			City		21.25 *****450.00
for the pu	rpose of changing its registered office			rganized or registered under the laws of the authorized by its general partner(s). I hereb	
SIGNATURE (Reg	istered Agent Accepting Appointment)			DATE	
A GENE	RAL PARTNER THA	T IS A CORPORATIO	N, LIMITED PAI	RTNERSHIP OR OTHE	R BUSINESS ENTITY

DAVIS, RONNIE C DAVIS. STEFAN M	5700 S.W. 34TH STREET	GAINESVILLE FL 32608	
DAVIS STEEAN M	l I		
DATIO, OTLIAR III	5700 S.W. 34TH STREET	GAINESVILLE FL 32608	
UNITED COMMUNITY DEVELOPMENT	630 NORTH BUMBY AVENU	ORLANDO FL 32803-4920	N96000001997
DAVIS HERTIAGE, LTD.	5700 S.W. 34TH STREET	GAINESVILLE FL 32608	0 A95000000

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 lengt 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 Statetes.

SIGNATUR	>⊏

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number