## 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** 

1. Name of Limited Partnership

CONCORDE II, LTD.

this annual report is true and accurate and that my sign

empowered to execute this rep

**SIGNATURE** Typed or Printed Name of Gene

**DOCUMENT #** A95000000686

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR -4 PM 1:40



		3-	4		
Mailing Address 2400 E. LAS OLAS BLVD. #126 FORT LAUDERDALE FL 33301	Principal Office Address 2400 E. LAS OLAS BLVD. #126 FORT LAUDERDALE FL 33301		3	Date Formed or Registered 04/21/1995  8. Date of Last Report 12/20/1995	58. Capital Contributions as Shown on record. \$500.00  Arnount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address			, State or Country of Formation	*1,950,000.00
Suite, Apt #, etc.	Suite, Apt. #, etc.		6	FEI Number 65-0591160	Applied For Not Applicable
City & State	City & State		7.	Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country		8.	Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)	
Q Name and Address of Current F	Registered Agent			10. If changed, new Registered	1 Agent/Office
CONCORDE II, INC. % JAMES M. NATHENSON, PRESIDENT 129 NURMI DRIVE FORT LAUDERDALE FL 33301  10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. Fam familiar with, and accept the obligations.  SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flor of section 620 192, Florida Statutes.	Suite, Apt. #, of Suite, Apt.	etc. # 12	zed by its general partner(s). I here	FL Zip Code 333 01  e State of Florida, submits this statement shy accept the appointment of registered
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 Goneral Partner(s)	11a. (Do NOT Use Post Office B	l Pariner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number
CONCORDE II, INC.	-120 NURMI DRIVE 2.400 EAST LAS	OLASPIO #126	FORT	100002 -03/07 ****\$	P9500012346 1 OBBS 1 ——B 2/9701001005 41.25 ****\$41.25
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the			ndment		

Corporations from any liability of non-corripliance with Section 112.07(3)(1) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE DEC. 31, 1996 unber (954) 566.7507 0005097