

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 30 AM 11:10

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001515

CONGRESS II INVESTORS, LTD.



01/12

Mailing Address 1200 CORPORATE CENTER WAY, SUITE 100 WEST PALM BEACH FL 33414		Principal Office Address 1200 CORPORATE CENTER WAY, SUITE 100 WEST PALM BEACH FL 33414		3. Date Formed or Registered 10/09/1995	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/31/1997	
Suite, Apt. #, etc. 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410		Suite, Apt. #, etc. 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
City & State		City & State		6. FEI Number 65-0631075	
Zip		Country		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WEST PALM BEACH FL 33414		10. If changed, new Registered Agent/Office	
		Name 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410	
		Street Address (Do NOT use Post Office Box Numbers)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CONGRESS II MEDICAL EQUITY I	1200 CORPORATE CENTER 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410	WELLINGTON FL 33414	A95000001514

8000002397918-2
-01/13/98--01020--003
****330.00 ****165.00

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
Patrick J. DiSalvo
Vice President

DATE **12-19-97**
Dayline Telephone Number **561-691-9900**

CR2E003 (6/97)