

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**  
97 DEC 15 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A96000000143</b>
<b>FOG PARTNERS TWO LIMITED</b>	



<b>Mailing Address</b> 1745 WEST FLETCHER AVENUE TAMPA FL 33612	<b>Principal Office Address</b> 1745 WEST FLETCHER AVENUE TAMPA FL 33612	<b>3. Date Formed or Registered</b> 01/22/1996	<b>5a. Capital Contributions as Shown on record.</b>  \$99.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b> 01/03/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$ 99.00
City & State	City & State	<b>6. FEI Number</b> 59-3355285	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

*12/17*

<b>9. Name and Address of Current Registered Agent</b>	<b>10. If changed, new Registered Agent/Office</b>
<b>BEDKE, MICHAEL A</b> <b>C/O RUDNICK &amp; WOLFE</b> <b>101 E. KENNEDY BLVD., STE. 2000</b> <b>TAMPA FL 33602</b>	Name Street Address (P.O. Box Number is Not Acceptable) 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

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
<b>FOG GENERAL, INC.</b>	<b>1745 WEST FLETCHER AV</b>	<b>TAMPA FL 33612</b>	<b>P94000033157</b>
<b>400002376614-6</b> -12/18/97-01072-016 ****156.25 ****156.25			

**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** *[Signature]* **DATE** 12/5/97  
**Typed or Printed Name of General Partner Signing Form** Mark O. Hadzner  
**Daytime Telephone Number** 813-968-6511

CR2E003 (6/97)