

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 12 PM 1:46



1. Name of Limited Partnership	1a. DOCUMENT # A96000000325
MARINER CLUB II, LTD.	

Mailing Address POST OFFICE BOX 467 CONCORDVILLE FL 18331	Principal Office Address 223 WILMINGTON WEST CHESTER PIKE CHADDS FORD PA 18317	3. Date Formed or Registered 02/14/1996	5a. Capital Contributions as Shown on record \$990.00
		3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$ 990.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 23-2836182 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BALLETTA, JAMES ESQUIRE 215 NORTH EOLA DR. ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not A Legal Address) 100002375307--5 -12/17/97--01086--018 Suite, Apt. #, etc. ***156.25 ***156.25 City FL Zip Code
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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
MARINER CLUB, INC.	223 WILMINGTON WEST C	CHADDS FORD PA 19317	P96000010868
			<i>al</i> <i>12-12</i>

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 *Nancy F. Marra, Vice President*

DATE **9-12-97**

Typed or Printed Name of General Partner Signing Form **NANCY F. MARRA**

Daytime Telephone Number **610-558-1500**

CR2E003 (6/97)