FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

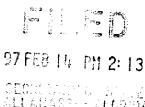
1007



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State



1991	DIVISION OF	CORPORATIONS	s	<u>Office and a contract of the </u>	5 1 4			
1. Name of Limited Partnership		1a. DOCUMENT # A96000000660			CECHERATOR PROME ALLAMASSE FILLENDA			
C.F.G. II, LTD.				1 1 6610 H 1810 18110 01H 1 00H 0				
ailing Address 8705 PERIMETER PARK BLVD., SUITE 8 9706 PERIMETER PARK BLVD., SUITE 8 JACKSONVILLE FL 32216 Principal Office Address 8706 PERIMETER PARK BLVD., SUITE 8 JACKSONVILLE FL 32216		D., SUITE 8	3. Date Formed or Registered 04/02/1996 38. Date of Last Report					
Mailing Address Za. Principal Office Address			4. State or Country of Formation		5b. Amount of Capital Contributions in FLORIDA to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable			
City & State	City & State				7. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip Country	Zip	8. Make check payable to Dept. of State (See reverse side					n)	
9. Name and Address of Curr	ent Registered Agent			10. If changed, new Registere	d Agent/Office		7	
FISHER, MICHAEL W	Name							
3521 HEDRICK STREET	Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE FL 32205							<u> </u>	
UNONCONVIELL I L SELECT		Suite, Apt. #, etc.			_			
		City			FL	Zip Code		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State o	named limited partne of Florida, Such chan	ership organ ge was auth	ized or registered under the laws of the l	he State of Flor eby accept the	ida, submits this statement appointment of registered		
							_	
SIGNATURE (Registered Agent Accepting Appointment)				DATE			_	
A GENERAL PARTNER THA	IT IS A CORPORATION ST BE REGISTERED A	I, LIMITED AND ACTIV	PART E WIT	NERSHIP OR OTHE 'H THIS OFFICE.	R BUSI	NESS ENTITY		
11. Name(s) of General Partner(s)	Address of Each Ge	eneral Partner ce Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
FORT, DONALD C 8705 PERIMETER PA		irk b	JAC	CKSONVILLE FL 32216 GDDDD21 -02/18 ****\$5(2900 29701 35.00	76:60 012003 = ****585.00 } }	CBOEDOS (6/06)	

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 filling 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

Donald C. Fort

904-641-0018