

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 29 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership RUTGERS PLAZA II, LTD.	1a. DOCUMENT # A96000000875
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Mailing Address 6353 WEST ROGERS CIRCLE BOCA RATON FL 33487	Principal Office Address 6353 WEST ROGERS CIRCLE BOCA RATON FL 33487	3. Date Formed or Registered 05/08/1996	5a. Capital Contributions as Shown on record \$200.00
2. Mailing Address P.O. Box 273760	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 02/09/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0790620
City & State BOCA RATON, FL	City & State	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33427 Country USA	Zip 33487 Country	8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent HAHAMOVITCH, HARRY H 6353 W. ROGERS CIRCLE SUITE 1 BOCA RATON FL 33487	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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) G.P. RUTGERS II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6353 WEST ROGERS CIRC	11b. City, State & Zip Code BOCA RATON FL 33487	11c. Registration/Document Number P97000102288
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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

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

CR2E003 (8/98)