


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 PM 4: 18

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A96000001152	
ATLANTIS ADVENTURE II, LIMITED PARTNERSHIP			
Mailing Address P.O. BOX 1049 INDIAN ROCKS BEACH FL 33785-1049		Principal Office Address 310 16TH AVENUE NORTH INDIAN ROCKS BEACH FL 33785	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		12597 Walsingham Rd.	
City & State		Suite 2 Largo, FL	
Zip Country		Zip Country	
33774			
3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
06/19/1996		\$7,500.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
12/31/1997		\$ 7,500.00	
4. State or Country of Formation		6. FEI Number	
FL		NOT APPLICABLE	
7. Certificate of Status Desired		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			



001/13

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		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.

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
SULLIVAN, PAUL W SULLIVAN, F. TINA	310 16TH AVENUE NORTH 310 16TH AVENUE NORTH	INDIAN ROCKS BEACH FL INDIAN ROCKS BEACH FL	100002741861--4 -01/14/99--01077--018 ***150.00 ***150.00

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)