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

LIMITED PARTNERSHIP ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 30 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
TROPICAL ISLE II, LTD.

1a. DOCUMENT #
A9600002168

Mailing Address	Principal Office Address
2. Mailing Address: 10610 METRIC	2a. Principal Office Address: 10610 METRIC
Suite, Apt. #, etc.: 190	Suite, Apt. #, etc.: 190
City & State: DALLAS, TEXAS	City & State: DALLAS, TEXAS
Zip: 75243 Country: U.S.A.	Zip: 75243 Country: U.S.A.

3. Date Formed or Registered: 11/25/96
3a. Date of Last Report: N/A
4. State or Country of Formation: FLORIDA
5a. Capital Contributions as Shown on record: 2,000,000
5b. Amount of Capital Contributions in FLORIDA to date: -0-
6. FEI Number: 59-3412749 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
	Name: MICHAEL J. SULLIVAN
	Street Address (P.O. Box Number is Not Acceptable): 111 N. ORANGE AVENUE
	Suite, Apt. #, etc.: 2050
	City: ORLANDO FL Zip Code: 32801

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) Michael J. Sullivan DATE 12-16-96

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
NOBLE-KIDD CORPORATION	10610 METRIC, SUITE 190	DALLAS, TEXAS 75243	P96000053102
API INVESTMENTS, INC.	4949 WESTOWN PARKWAY; SUITE 245	WEST DES MOINES, IOWA 50266-1066	F96000006181

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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 R.E. Noble DATE 12/17/96

Typed or Printed Name of General Partner Signing Above: R.E. NOBLE, PRESIDENT OF THE (214) 343-1452