


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED
97 OCT 20 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership DECKMOR PARTNERS II, LTD.		1a. DOCUMENT # A96000002311 <i>98-AR CM</i>	
Mailing Address 5675 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312		Principal Office Address 5675 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/13/1996		5a. Capital Contributions as Shown on record. \$400,000.00	
3a. Date of Last Report 01/17/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-073924 <input type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 DECKELBAUM, MORRIS 5675 S.W. 35TH AVENUE FT. LAUDERDALE FL 33312		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number if not a street address) 7000002326687--0 Suite, Apt. #, etc. -10/22/97--01047--017 City FL Zip Code *****541.25 *****541.25	
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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) DECKMOR ENTERPRISES II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5675 S.W. 35TH AVENUE	11b. City, State & Zip Code FT. LAUDERDALE FL 33312	11c. Registration/Document Number P96000100429
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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

Morris Deckelbaum

DATE

10-6-97

Typed or Printed Name of General Partner Signing Form

MORRIS DECKELBAUM

Daytime Telephone Number

954-983-6310

CR2E003 (6/97)