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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A97000001377

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DRA LIMITED PARTNERSHIP II					
			3. Date Formed or Registered	5a. Capital Contributions as	
Malling Address	Principal Office Address	Principal Office Address		Shown on record.	
801 12TH AVENUE SOUTH. SUITE 300 NAPLES FL 33940	801 12TH AVENUE SOUTH, SUITE 300 NAPLES FL 33940		<b>06/23/1997 3a.</b> Date of Last Report	\$900.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date	
2. Mailing Address	28. Principal Office Address	28. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		しみ U Applied For Not Applicable	
City & State	City & State	City & State		¢0.75	
Zip Country	Zip	Zip Country		Fee Required  State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
DEPASQUALE, VINCENT J 801 12TH AVENUE SOUTH, SUITE 300		Namo			
		Street Address (P.O. Box Number Is Not Acceptable)			
NAPLES FL 33940		Suite, Apt #, otc.			
		City		FL 7ip 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 of the Signature (Registered Agent Accepting Appointment).  A GENERAL PARTNER THA	or registered agent, or both, in the State of Fit ons of section 620.192, Florida Statutos.  T IS A CORPORATION,	orida. Such chan	ge was authorized by its general partner(s). I her  DATE  PARTNERSHIP OR OTHE	eby accept the appointment of registered	
11. Name(s) of Goneral Partner(s)	ST BE REGISTERED AN	al Dartines	11b. City, State 8 Zip Code	11c. Registration/	
DEPASQUALE FAMILY LIMITED PA	11a. (IXX NOT USE POST Office B		NAPLES FL 33940	A93000000750	
SCHRYVER, KENNEY H 801 12TH AVENUE SOI		тн	NAPLES FL 33940 70002 -12/24 ****	382077- 5 1797-01054-018 56.25 ****156.25	
National Company May No	The changed on this form	ni an ama	andmont must be filed to sh	ange a general perfect	
Note: General partners MAY NO	De changed on this form	n; an ame	moment must be theu to ch	Statutes designed the Children of	

I do hereby certify that the information supplied with this filling is vokultarily 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 fiability of non-compilance 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 accorate and that my signature shall have the same legal effects as if made finder oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report an equired by chapter 670. Florida Statutes.

DATE . / 3 · / 8 · 9 7

Daytinie Telephone Number 94/-36/-6/14/