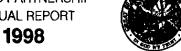
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

NORT LP II, LTD.

Malling Address

The state of the s

1e. DOCUMENT # **A9700001586**

Principal Office Address

165

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 15 PM 3: 56

3. Date Formed or Registered

12/17



 Capital Contributions as Shown on record.

2295 CORPORATE BLVD., N.W. SUITE 222 P.O. BOX 5010	2295 CORPORATE BLVD., N.W. SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431-0810		07/15/1997 3a. Date of Last Report	\$100.00	
800A RATON FL 83431-0810				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-07776/2	Applied For	
City & State	City & State			\$8.75 Additional Fee Required	
Zip Country	Z _I p Cc	Zip Country 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/Of			d AgenVOffice		
HERRICK, NORTON		Name			
THE HERRICK COMPANY, INC.		Street Address (P.O. Box Number Is Not Acceptable)			
2295 CORPORATE BLVD., N.W., SUITE 222	SO COM CIVIL DETO., N.T., COME 222		e, Apt. #, etc12/18/9701089006		
BOCA RATON FL 33431	City		****165.00		
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)	Address of Each General Pa (Do NOT Use Post Office Box N	umbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
G-P NORT II, INC.	2295 CORPORATE BLVD.,	во	CA RATON FL 33431	P97000061703	
`1		•			
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 filling 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 find that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this trivial astropyled by chapter 620. Florida Statutes.					
SIGNATURE					
Typed or Printed Name of General Partner Signing Form (T/VoTH; Inc Fy //owwd // 17/19 // Daytime Telephone Number _ J 6 /					