

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 12 PM 3:09



LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership COMMERCE-LAKES PROFESSIONAL CENTER PHASE II, LTD		1a. DOCUMENT # A97000002018	
Mailing Address 600 CORPORATE PARK, #512 FT. LAUDERDALE FL 33334		Principal Office Address 600 CORPORATE PARK, #512 FT. LAUDERDALE FL 33334	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 09/18/1997	5a. Capital Contributions as Shown on record \$1,200,000.00
3a. Date of Last Report 05/21/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0781806	<input type="checkbox"/> Applied For <input checked="" 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 WEISMAN, DAVID ESQ. C/O ABRAMS, ANTON, ROBBINS, ET AL 2021 TYLER STREET HOLLYWOOD FL 33022	10. If changed, new Registered Agent/Office <table border="1"><tr><td>Name</td><td>30000028411731-1</td></tr><tr><td>Street Address (P.O. Box Number Is Not Acceptable)</td><td>204/15/33-01120-008</td></tr><tr><td>Suite, Apt. #, etc.</td><td>****526.25 ****526.25</td></tr><tr><td>City</td><td>FL Zip Code</td></tr></table>	Name	30000028411731-1	Street Address (P.O. Box Number Is Not Acceptable)	204/15/33-01120-008	Suite, Apt. #, etc.	****526.25 ****526.25	City	FL Zip Code
Name	30000028411731-1								
Street Address (P.O. Box Number Is Not Acceptable)	204/15/33-01120-008								
Suite, Apt. #, etc.	****526.25 ****526.25								
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) REALTY PROFESSIONALS, LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 CORPORATE PARK, #	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/Document Number A97000001760
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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 _____ DATE **4-7-99**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)