

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 PM 12:18

1. Name of Limited Partnership KINGSGATE ASSOCIATES II, LTD.		1a. DOCUMENT # A97000002103	
2. Mailing Address 570 DELAWARE AVE BUFFALO, NY 14202		2a. Principal Office Address 570 DELAWARE AVE. BUFFALO, NY 14202	
3. Date Formed or Registered 10/10/97		5a. Capital Contributions as Shown on record 99.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date -0-	
4. State or Country of Formation FL		6. FEI Number 16-1537908	
5. Suite, Apt. #, etc.		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)	
7. Zip Country		9. Additional Fee Required \$8.75	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301-2525		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		Zip Code FL	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
POST FALLS MANAGEMENT ASSOCIATES LLC	570 DELAWARE AVE	BUFFALO, NY 14202	M97000000619
	3250 103.75	dcc	400002410914--0 -01/23/98--01122--021 ***156.25 ***156.25

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 David H. Baldauf DATE 12/31/97

Typed or Printed Name of General Partner Signing Form DAVID H. BALDAUF Daytime Telephone Number (716) 886-0211

CR2E003 (6/97)