

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
20 JAN -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000002103

KINGSGATE ASSOCIATES II, LTD.

Mailing Address

570 DELAWARE AVENUE
BUFFALO NY 14202

Principal Office Address

570 DELAWARE AVENUE
BUFFALO NY 14202

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

09/25/1997

3a. Date of Last Report

01/05/1998

4. State or Country of Formation

FL

6. FEI Number

16-1537908

7. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for instructions)

141.25

5a. Capital Contributions as
Shown on record

\$99.00

5b. Amount of Capital
Contributions in FLORIDA
to date

99.00

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

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)

POST FALLS MANAGEMENT ASSOCI

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

570 DELAWARE AVENUE

11b. City, State & Zip Code

BUFFALO NY 14202

11c. Registration
Document Number

M9700000619

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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

David H. Balduf

DATE 12/30/98

Typed or Printed Name of General Partner Signing Form: **DAVID H. BALDUF (MANAGER CO)** Daytime Telephone Number: **(716) 886 0211**

7420 710 1588

CR02003 (8-98)