


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 30 PM 1:53	
1. Name of Limited Partnership		1a. DOCUMENT # A98000000020					
The Fawcett Family Limited Partnership II, Ltd.							
Mailing Address 11780 U.S. Highway One Suite 300 North Palm Beach, FL 33408		Principal Office Address 11780 U.S. Highway One Suite 300 North Palm Beach, FL 33408		3. Date Formed or Registered 12-26-97		5a. Capital Contributions as Shown on record \$500,000	
				3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$500,000	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0803629		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent FHS Corporate Services, Inc. 11780 U.S. Highway One, Suite 300 North Palm Beach, FL 33408				10. If changed, new Registered Agent/Office			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				Suite, Apt. #, etc.			
				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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c. Registration/Document Number	
Fawcett, Inc.		11780 U.S. Highway One Suite 300		North Palm Beach, FL 33408		P97000107276	
		437.50		88.75		5000002417355--6 -01/22/98--01112--003 ***1750.00 ****526.25	
				Jee			

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 Vivian P. Fawcett DATE 1-21-98
By: Vivian P. Fawcett, President
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (561) 627-8100