

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 20 AM 11:39

1. Name of Limited Partnership AMERICAN FAMILY HOUSING II, LTD.		1a. DOCUMENT # A98000000543	
Mailing Address C/O JOHN W. SHEA 218 BEACH BLVD., SUITE 9 JACKSONVILLE BEACH FL 32250	Principal Office Address C/O JOHN W. SHEA 218 BEACH BLVD., SUITE 9 JACKSONVILLE BEACH FL 32250		
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 02/26/1998	5a. Capital Contributions as Shown on record \$485,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3394339	<input type="checkbox"/> Applied For <input 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 DALE, HOWARD L 200 WEST FORSYTH STREET, SUITE 1100 JACKSONVILLE FL 32202-4308	10. If changed, new Registered Agent/Office Name: JOHN W. SHEA Street Address (P.O. Box Number Is Not Acceptable): 218 BEACH BLVD., SUITE 9 Suite, Apt. #, etc.: SUITE 9 City: JACKSONVILLE BEACH Zip Code: FL 32250
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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): *John W. Shea* 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) AFFILIATED AMERICAN, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 218 BEACH BLVD., SUIT	11b. City, State & Zip Code JACKSONVILLE BEACH FL	11c. Registration Document Number P96000090078
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02/08/99-01020-007
****526.25 ****526.25

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 included 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: *John W. Shea* DATE: **12/18/98**
Typed or Printed Name of General Partner Signing Form: **JOHN W. SHEA**
Daytime Telephone Number: **904-249-0313**

CR2E003 (8/98)