



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 98 DEC 10 AM 10:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership PHANTOM PROPERTIES LIMITED II		1a. DOCUMENT # A98000000785			
Mailing Address PO BOX 73 MAITLAND FL 32751		Principal Office Address 498 PALM SPRINGS DR., #270 ALTAMONTE SPRINGS FL 32701		3. Date Formed or Registered 03/23/1998 3a. Date of Last Report 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$5,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$5000.00 6. FEI Number <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 BOYLE, JAMES W 498 PALM SPRINGS DR., #270 ALTAMONTE SPRINGS FL 32701	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) 

DATE **10/20/98**

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) BOYLE, JAMES E	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 15 ROSTONE CR.	11b. City, State & Zip Code LAFAYETTE IN 47905	11c. Registration/Document Number 600002716596-2 -12/18/98-01095-013 ****141.25 ****141.25 AL DEC 14 1998
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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 **10/30/98**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)