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

1. Name of Limited Partnership

DOCUMENT # A98000001199

FILED

98 DEC 30 AM 10: 05

SECRETARY OF STATE TALLAHASSEE. FLORIDA



MENAKER INVESTMENTS II, LTD.							
Mailing Address P.O. BOX 22189 LAKE BUENA VISTA FL 32830	Principal Office Address 1502 E. BUENA VISTA DRIVE. #B1 ŁAKE BUENA VISTA FL 32830			3. Date Formed or Registered 5a. Capital Contr. Shown on rec. 550,00 \$150,00		al Contributions as n on record.	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FL 6. FEI Number	Applied For		
City & State	City & State			59-35/29/2 □ Not Applicable 7. Certificate of Status Desired			_
Zip Country	Zip Country			Fee Required 8. Make check psyable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
MENAKER, MITCHELL G 1502 E. BUENA VISTA DRIVE, #B1 LAKE BUENA VISTA FL 32830		Name Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					-
City			FL Zip Code				
for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	section 620.192, Florida Statutes.	IMITED	PART	DATE_NERSHIP OR OTHER			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
MENAKER INVESTMENTS II, INC.	1502 E. BUENA VISTA D		LAKE	LAKE BUENA VISTA FL 3 70002701/18/9: ****535.		P9800043102 45207-0 9-01001-021 .00 ****535.00	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido 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 reported equired by chapter 620, Florida Statutes. SIGNATURE DATE /2-28-98							
Typed or Printed Name of General Partner Signing Form MITCHELL G. MENAKER Daytime Telephone Number 407 876 - 8244							