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 14 AM 7:49

1. Name of Limited Partnership

1a. DOCUMENT # A98000001622

PALM BEACH PARTNERS LTD. II

99-AR-Cus
CM

Mailing Address
500 SOUTH AUSTRALIAN AVE. SUITE 110
WEST PALM BEACH FL 33401

Principal Office Address
500 SOUTH AUSTRALIAN AVE. SUITE 110
WEST PALM BEACH FL 33401

3. Date Formed or Registered
07/01/1998

3a. Date of Last Report
1999

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$940.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

6. FEI Number
65-0872149
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office
Name: Howard Dude
Street Address (P.O. Box Number Is Not Acceptable): 500 South Australian Avenue
Suite, Apt #, etc.: Suite 110
City: West Palm Beach FL Zip Code: 33401

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 10/30/98

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FIRST NATIONWIDE DEVELOPMENT	500 SOUTH AUSTRALIAN	WEST PALM BEACH FL 33	L26853

CORPORATE PAYMENT --- 4
-02/09/99--01120--006
****150.00 ****150.00

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: Howard Dude, President Daytime Telephone Number: 561-833-4433

CR2E003 (8/98)