

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 31 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|---|--|--|--|
| 1. Name of Limited Partnership SP41 II, LTD. | | 1a. DOCUMENT # A98000002078 | |
| Mailing Address 593 JUAN ANASCO DRIVE LONGBOAT KEY FL 34228 | | Principal Office Address 593 JUAN ANASCO DRIVE LONGBOAT KEY FL 34228 | |
| 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 09/08/1998 | 5a. Capital Contributions as Shown on record \$990.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date \$ |
| 4. State or Country of Formation FL | 6. FEI Number 65-0879983 |
| 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | 8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent RADKE, RICHARD W 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA FL 33606 | | 10. If changed, new Registered Agent/Office | |
| Name | | Street Address (P.O. Box Number Is Not Acceptable) | |
| Suite, Apt. #, etc. | | City | |
| Zip Code | | FL | |

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) ANASCO, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 593 JUAN ANASCO DRIVE | 11b. City, State & Zip Code LONGBOAT KEY FL 34228 | 11c. Registration/Document Number P98000033516 |
| 8000002832448--3 04/07/99--01088--002 ****141.25 ****141.25 5-7-99 | | | |

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

Pete Wolf
Pete Wolf

DATE

3/29/99
941 383 2776

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)