## FILE ON OR-BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT

LIMITED PARTNERSHIP ANNUAL REPORT 1998 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED		1/20	
1. Name of Limited Partnership		1a. DOCUMENT # 98 NOV 19 PM 2: 19  A98000002087  SECRETARY OF STATE  TALLAHASSEE FLORIDA						
Ecoventure Residences II, Ltd.  TALLAHASSEL TERM								
Mailing Address		Principal Office Address			3. Date Formed or Registere	,  5a.	Capital Contributions as	
601 Bayshore Boulevard Suite 960 Tampa, FL 33606		601 Bayshore Boulevard Suite 960 Tampa, FL 33606			9-9-98  3a. Date of Last Report		\$1.00	
						5b.	Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address			4. State or Country of Form Florida	sation \$1.00		
Suite, Apt \$, etc.		Suite, Apt. #, etc.			6. FEI Number ⊠Applied For 59 - 353 6484 □Not Applicable			
City & State Zip Country		City & State  Zip Country		У	7. Certificate of Status Desir	ed .	\$8.75 Additional Fee Required	
					8. Make check payable to: Dept. o	f State (see reve	erse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office							/Office	
Edward R. O 601 Bayshor Suite 960 Tampa, FL 3	elschlaeger e Boulevard			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.				
		City		City	FL Zip Code			
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, surthis 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 act the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.							s of the State of Florida, submits eral partner(s). I hereby accept	
SIGNATURE (Registered Agent Accepting Appointment)								
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 Part			ral Partn	er 11b cin	State & Zip Code	111c.	Registration/	
Ecoventure Residences II, 601 Bayshore Suite 960					FL 33606	P98000077891		
•					•	269 24798- *141.2	53860 -01099008 5 ****141.25	
Note: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
12.t do hereby certify that the information supplied with this filling 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 reported to the part 520. Florida Statutes.								
SIGNATURE	Mary X Lille	dward R. Oelsch	aeo	er, Preside	nt of   10-2	<u>2-48</u>		
Typed or Printed Name of General Partner Signing Form Ecoventure Residences II, Inc. Daytime Telephone Number (813) 251-4868								
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