

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 11 PM 3:47

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  Providence Reserve II, Ltd.		1a. DOCUMENT # A98000002631	
Mailing Address c/o Broad and Cassel P.O. Box 4961 Orlando, FL 32802-4961		Principal Office Address 3300 S. Hiawassee Road Suite 107 Orlando, FL 32835	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Formed or Registered 11/30/98 3a. Date of Last Report N/A 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$50.00 5b. Amount of Capital Contributions in FLORIDA to date. \$50.00 6. FEI Number <input checked="" type="checkbox"/> Applied For <input 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 B&C Corporate Services of Central Florida, Inc. 390 N. Orange Avenue, Suite 1100 Orlando, FL 32801		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

**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) Providence Reserve II, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3300 S. Hiawassee Rd. Suite 107	11b. City, State & Zip Code Orlando, FL 32835	11c. Registration/ Document Number P98000099589
600002716756--2 -12/18/98--01100--023 ****141.25 ****141.25 B/C 12/11/98			

**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

12-3-98

Typed or Printed Name of General Partner Signing Form

Charles S. Carlton, VP

Daytime Telephone Number

CR2E003 (8/98)