

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -2 PM 12:24

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000199

EAGLES LANDING II, LTD.



Mailing Address 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301		Principal Office Address 2750 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32301		3. Date Formed or Registered 05/04/1993	5a. Capital Contributions as Shown on record \$990.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/13/1995	
Suite, Apt #, etc		Suite, Apt #, etc.		4. State or Country of Formation AL	5b. Amount of Capital Contributions in FLORIDA to date
City & State		City & State		6. FEI Number 63-1092201	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 THAMES, WILLIAM G JR. 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable) 800001975308--8	
		Suite, Apt #, etc -10/15/96--01218--015	
		City ****191.25 ****191.25 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 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registrar/Document Number
ARBOR PROPERTIES, INC.	2750 OLD ST. AUGUSTIN	TALLAHASSEE FL 32301	P31581
			KWM

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.

SIGNATURE by William Gordon Thames, Jr. President
DATE 9/17/96
Typed or Printed Name of General Partner Signing Form William Gordon Thames, Jr. Daytime Telephone Number 904-656-7667

CR2E003 (6/96)