## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** B9400000425

DRANGE MAKRINGE DARK ASSMOIATES DUASE II

FILED 97 DEC 22 PH 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA



TD.	98 - P3	.M	
Mailing Address	Principal Office Address  2300 LUCIEN WAY: SUITE 150	3. Date Formed or Registered 10/21/1994	5a. Capital Contributions as Shown on record
MAITLAND FL 32761	MAITLAND FL 32751	3a. Date of Last Report  12/23/1996  4. State or Country of Formation	\$50.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 40 Droad and Cassel Swite, Apt. #, etc.	28. Principal Office Address  1551 Sand Spur Rd  Suite, Apt. #, etc.	,	
City & State Or lando, PC	City & State Martland P	59-3210329 7. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional
<sup>Zip</sup> 2802-4961 USA	32151 Country	8. Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)
9. Name and Address of Current R	egistered Agent Name	10. If changed, new Registere	d Agent/Office
B & C CORPORATE SERVICES OF CENTRAL, FLA 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registored office or reagent. I am familiar with, and accopt the obligations of	gistered agent, or both, in the State of Florida. Such a	artnership organized or registered under the laws of the change was authorized by its general partner(s). I here	FL   Processing the state of Florida, submits this statement aby accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)	P A CODDODATION I IMITE	DATE DA DA DE CELE	·· · · · · · · · · · · · · · · · · · ·
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AND ACT	IVE WITH THIS OFFICE.	K BOSINESS ENTITY
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
CED CAPITAL HOLDINGS III, LT	2200 LUCIEN WAY, SUIT	MAITLAND FL 32751	A93000000229
		000002 -12/29 *****1	384870-8 787-01124-011 56.25 ****156.25
Note Consultation Havings		many discount and the different describer	

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 eath. 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.

CED Const SIGNATURE -

Jay P. Brock, Vice President

DATE 12/8/97 407/660-1110

Daylime Telephone Number