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 DEC 24 PM 12:50

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000041

CAPTEC FRANCHISE CAPITAL PARTNERS LIMITED PARTNERSHIP II

Mailing Address
P.O. BOX 544
ANN ARBOR MI 48106-0544

Principal Office Address
C/O THE CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
02/07/1995

3a. Date of Last Report
12/11/1995

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on record
$382,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
38-3019164
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$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

LOTT, RICHARD I ESQ.
C/O MILLER, CANFIELD, ET AL
25 WEST CEDAR STREET, SUITE 500
PENSACOLA FL 32501

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Numbers Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

10a. Pursuant to the provisions of Section 620.1008, 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 620.102, 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.** Registration/ Document Number
CAPTEC FRANCHISE CAPITAL COR	24 FRANK LLOYD WRIGHT	ANN ARBOR MI 48106	F95000000635
BEACH, PATRICK L	440 HIGH ORCHARD DRIV	ANN ARBOR MI 48105	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. For myself, I certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for the disclosure of this information in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report complies with the applicable filing requirements and that all other applicable requirements are complied 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 Patrick L. Beach DATE 12/19/96

Type or Printed Name of Person Signing Form Patrick L. Beach Daytime Telephone Number 313-994-5505

CR2E003 (6/96)

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