

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 20 AM 11:47

1. Name of Limited Partnership
1a. DOCUMENT #
B97000000640

PORTFOLIO INVESTORS II, L.P.



2. Mailing Address
GSB BUILDING
ONE BELMONT AVE. SUITE 401
BALA CYNWYD PA 19004

2a. Principal Office Address
50 WEST STATE STREET
TRENTON NY 08608

3. Date Formed or Registered
11/26/1997

5a. Capital Contributions as Shown on record.
\$1,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address
Suite, Apt. #, etc.

2a. Principal Office Address
Suite, Apt. #, etc.

4. State or Country of Formation
PA

2. Mailing Address
City & State

2a. Principal Office Address
City & State

6. FEI Number
23-2933901 Applied For Not Applicable

2. Mailing Address
Zip Country

2a. Principal Office Address
Zip Country

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
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
800002464208--6
Suite, Apt. #, etc. -03/20/98--0118--011
City ***141.25 ***141.25
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)
BERGEN OF FLA-NJ, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
ONE BELMONT AVE, SUI

11b. City, State & Zip Code
BALA CYNWYD PA 19004

11c. Registration/Document Number
F97000006090
CP
3-20

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 By: Barry Howard, Chairman of the Board DATE 2/19/98
By: Barry Howard, Chairman of the Board
Typed or Printed Name of General Partner Signing Form Barry Howard, Chairman of the Board
Filing Telephone Number 610-668-2540

CR2E003 (12/97)