

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000640

PORTFOLIO INVESTORS II, L.P.

Mailing Address

GSB BUILDING
ONE BELMONT AVE., SUITE 401
BALA CYNWYD PA 19004

Principal Office Address

50 WEST STATE STREET
TRENTON NY 08608

2. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country

2a. Principal Office Address

GSB Building
Suite, Apt #, etc
One Belmont Ave., Suite 401
City & State
Bala Cynwyd, PA
Zip
19004
Country

3. Date Form Filed or Registered

11/26/1997

3a. Date of Last Report

03/20/1998

4. State or Country of Formation

PA

6. FEI Number

23-2933901

7. Certificate of Status Deated

\$8.75 Annual Fee Reported

8. Make check payable to Dept. of State (See reverse side for information)

5a. Capital Contributions as Shown on record

\$1,000.00

5b. Amount of Capital Contributions in FL OR SDA to date

\$2,478,925.00

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc

City

10. If changed, new Registered Agent Office

FL | Zip

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership (organization) 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). Thereby 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., SUITE 401

11b. City, State & Zip Code

BALA CYNWYD PA 19004

11c. Registration Document Number

F97000006090

ENCLOSURE 12/22/98 15:51 - Tr
-12/30/98 - 01086 - 009
***526.25 ***526.25

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)(g), 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 referred to herein, empowered to execute this report as required by chapter 620, Florida Statutes.

Portfolio Investors II, L.P.

SIGNATURE By: Bergen of FLA-NJ, Inc., general partner

DATE 10/20/98

By: *Loretta M. Kelly*
Loretta M. Kelly, V.P., Secty

Daytime Telephone Number (610) 668-2540

Typed or Printed Name of General Partner Signing Form

CR2E003 (8/98)