FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of ≴tate
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **B9700000717**

ATLANTIC PARTNERS GROUP II, L.P.

FILED 99 APR 28 PH 1: 02

SECKETART OF STATE OF MALINIAN

Mailing Address Principal Office Address			3. Date Formed or Registr	pred 5a. C	5a. Capital Contributions as Shown on record						
26221 MARSH LANDING PARKWAY 26221 MARSH LAI			12/30/1997		\$7,000.00						
PONTE VEDRA BEACH FL 32082	PONTE VEDRA BEACH FI	32062	3a. Date of Last Report		***************************************						
			01/29/1998	Contr	int of Capital ibutions in FLORIDA						
2. Mailing Address	2a. Principal Office Addres		4. State or Country of Form	nation to dal	e.						
Z. Maining Address	za. Principal Office Addres	o5	DE	1							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 	6. FEI Number 59	7-3489503	Applied For						
City & State	City & State		APPLIED FUI	H	Not Applicable						
	}		7. Certificate of Status De	sired []	\$8.75 Additional						
Zip Country	Zip	Zip Country		Dept of State (See rev	Fee Required erse side for fee informat						
9. Name and Address of Current Registered Agent FAIRBANKS, RANDAL C 217 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH FL 32082		10. If changed, new Registered Agent/Office Name Street Address (P O Box Number Is Not Acceptable) Suite. Apt. #, etc									
										-09/04/9901041024 ****[4]_25[****[4].29	
								· · · · · · · · · · · · · · · · ·		and the second of the second	
						10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered offi agent. I am familiar with, and accept the obli-	ice or registered agent, or both, in the State o		rship organized or registered under the la	aws of the State of Florid	la, submits this statemen
for the purpose of changing its registered offi agent. I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620-192, Florida Statutes nt) AT IS A CORPORATIO	named limited partner of Florida Such chang	rship organized or registered under the la the was authorized by its general partner(s	was of the State of Floric s) I hereby accept the a DATE OTHER BUS	la, submits this statemen ppointment of registered						
for the purpose of changing its registered offi agent. I em familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	ice or registered agent, or both, in the State o gations of section 620.192, Florida Statutes nt)	named limited pariner of Florida Such chang N, LIMITED AND ACTIV	rship organized or registered under the la the was authorized by its general partner(s	was of the State of Floric s) I hereby accept the a DATE OTHER BUS	la, submits this statemen ppointment of registered						
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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 phaster 620. Forida Statules.

Daytime Telephone Number