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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 20 PM 4:26

1. Name of Limited Partnership

1a. DOCUMENT # B98000000311

CHARTWELL CAPITAL INVESTORS II, L.P.

Mailing Address	Principal Office Address
1610 INDEPENDENT SQUARE	1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202

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
05/15/1998

3a. Date of Last Report

4. State or Country of Formation
DE

5a. Capital Contributions as Shown on Record
$150,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date
$ 9,899,078.00

6. FEI Number
59-3506083
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See instructions for fee information)

9. Name and Address of Current Registered Agent

LANIGAN, ARMINDIA M
1610 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. If changed, new Registered Agent Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City
Zip Code

000120-02/03/99--01068--004
****526.25 ****526.25
FL

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) Armindia M. Lanigan 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
CHARTWELL ASSOCIATES II, L.P	1610 INDEPENDENT SQUA	JACKSONVILLE FL 32202	B98000000282

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)(i), Florida Statutes. I further direct the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied to the division hereunder is published. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect 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 Armindia M. Lanigan DATE 12/22/98

Typed or Printed Name of General Partner Signing Form Armindia M. Lanigan Daytime Telephone Number 904-355-3514

CR2E022 (6/97)