

2001 UNIFORM BUSINESS REPORT (UBR)

000977 AF

DOCUMENT # A98000002846

1. Entity Name
WOOLEY PROPERTIES II, LTD.

Principal Place of Business Mailing Address
4636 N. DALE MABRY HWY **4636 N. DALE MABRY HWY**
TAMPA FL 33614 **TAMPA FL 33614**

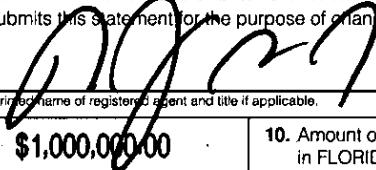
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3547917 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STRASKE, STEPHEN B II
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA FL 33619

7. Name and Address of New Registered Agent
 Name: **R. James Robbins, Jr.**
 Street Address (P.O. Box Number is Not Acceptable): **101 East Kennedy Boulevard**
Suite 3700
 City: **Tampa** **FL** Zip Code: **33602**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE:  DATE: **3/13/01**

9. Capital Contributions as Shown on record. **\$1,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$1,000,000.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.



12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F91291
NAME	JW ENTERPRISES, INC.
STREET ADDRESS	4636 N. DALE MABRY HIGHWAY
CITY-ST-ZIP	TAMPA FL 33614
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600003960986--6
CITY-ST-ZIP	-04-05-201--01075--001 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED** **Wooley** **2/28/01** **(813) 870-0010**

Signature and typed or printed name of signing general partner Date Daytime Phone #

FILED 
01 MAR 28 AM 7:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA


DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)