


**2005 LIMITED-PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 APR -1 AM 8:41

|   |   |
|---|---|
| <b>DOCUMENT # A9800002846</b>                       |  |
| 1. Entity Name<br><b>WOOLEY PROPERTIES II, LTD.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4636 N. DALE MABRY HWY<br/>         TAMPA, FL 33614</b> | Mailing Address<br><b>4636 N. DALE MABRY HWY<br/>         TAMPA, FL 33614</b> |
|---|---|

*AK*



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3800 W. Hillsborough Ave.</b> | 3. Mailing Address<br><b>3800 W. Hillsborough Ave.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                    |

03242005 Chg-LP CR2E003 (10/03)

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Tampa, FL</b> | City & State<br><b>Tampa, FL</b> |
| Zip<br><b>33614</b>              | Country                          |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3547917</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>          |
| <b>6. Name and Address of Current Registered Agent</b>   |
| <b>ROBBINS, R. JAMES JR<br/>         101 EAST KENNEDY BLVD., SUITE 3700<br/>         TAMPA, FL 33619</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> Zip Code                            |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|  |   |
|--|---|
| 9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000,000.00</b> |
|--|---|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>F91291<br/>JIW ENTERPRISES, INC.<br/>4636 N. DALE MABRY HIGHWAY<br/>TAMPA, FL 33614</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

| 13. ADDRESS CHANGES ONLY |                                       |
|--------------------------|---------------------------------------|
| STREET ADDRESS           | <b>3800 W. Hillsborough Ave.</b>      |
| CITY - ST - ZIP          | <b>Tampa, FL 33614</b>                |
| STREET ADDRESS           |                                       |
| CITY - ST - ZIP          |                                       |
| STREET ADDRESS           | <b>900050510829</b>                   |
| CITY - ST - ZIP          | <b>04/12/05--01010--016 ***526.25</b> |
| STREET ADDRESS           |                                       |
| CITY - ST - ZIP          |                                       |
| STREET ADDRESS           |                                       |
| CITY - ST - ZIP          |                                       |

STAPLE CHECK HERE

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:** *J. I. Wooley* **J. I. Wooley** **3/28/05** **(813)865-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #