


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 04, 2008 08:00 A.**  
**Secretary of State**

**DOCUMENT # A98000002846**

1. Entity Name  
**WOOLEY PROPERTIES II, LTD.**



Principal Place of Business <b>3800 W HILLSBOROUGH AVE.          TAMPA, FL 33614</b>	Mailing Address <b>3800 W HILLSBOROUGH AVE.          TAMPA, FL 33614</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>59-3547917</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, R. JAMES JR**  
**101 EAST KENNEDY BLVD., SUITE 3700**  
**TAMPA, FL 33619**

**DO NOT WRITE IN THIS SPACE**

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

100000981952  
~~04/16/08-30661-012 500.00~~

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	JIW ENTERPRISES, INC.
STREET ADDRESS	3800 W HILLSBOROUGH AVE.
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	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **3/25/08** **(813) 865-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #