

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000489**

1. Entity Name

SHIRE II ASSOCIATES LIMITED PARTNERSHIP

FILED

00 MAR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O SATISKY & SILVERSTEIN, L.L.P.
900 RIDGEFIELD DRIVE, SUITE 200
RALEIGH NC 27609

Mailing Address

C/O DRUCKER & FALK, LLC
7200 STONEHENGE DRIVE, SUITE 211
RALEIGH NC 27613-1620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9286 Warwick Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Newport News, VA

4. FEI Number 54-1247301
APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip
23607

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, DANIEL M
227 WEST PARK AVE., SUITE 101
WINTER PARK FL 32789

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000004323**
NAME **D&F REAL ESTATE CO. SHIRE II, INC.**
STREET ADDRESS **7200 STONEHENGE DRIVE, SUITE 211**
CITY - ST - ZIP **RALEIGH NC 27613**

STREET ADDRESS
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

 Date Daytime Phone #

CR2E003 (9/99)