

2001 UNIFORM BUSINESS REPORT (UBR)

0017896 AF

DOCUMENT # B98000000489

1. Entity Name

SHIRE II ASSOCIATES LIMITED PARTNERSHIP

FILED

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 STONEHEDGE DRIVE, SUITE 211
RALEIGH NC 27613

01 FEB 23 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
9286 Warwick Blvd
 Suite, Apt. #, etc.

City & State
Newport News, VA

City & State
Newport News, VA

Zip
23607

4. FEI Number **54-1247301**
 Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000004323 D&F REAL ESTATE CO. SHIRE II, INC. 7200 STONEHEDGE DRIVE, SUITE 211 RALEIGH NC 27613	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	580003791735-3 -03/01/01-01094-022 ****141.25 ****141.25
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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 any 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 provided in Chapter 620, Florida Statutes.

SIGNATURE: [Signature] **DATE REQUIRED** 1/17/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)