

2002 UNIFORM BUSINESS REPORT (UBR)

0019015 AB

DOCUMENT # B98000000489

1. Entity Name
SHIRE II ASSOCIATES LIMITED PARTNERSHIP

FILED

02 MAR -8 PM 2:56

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
**9286 WARWICK BLVD.
NEWPORT NEWS VA 23607**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent
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

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

DOCUMENT #	F98000004323
NAME	D&F REAL ESTATE CO. SHIRE II, INC.
STREET ADDRESS	7200 STONEHENGE DRIVE, SUITE 211
CITY-ST-ZIP	RALEIGH NC 27613
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	500005099655--7
CITY-ST-ZIP	-03/13/02--01047--036 ****141.25 ****141.25
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **1-21-02** Daytime Phone # **757-928-6200**

STAPLE CHECK HERE

CR2E003 (9/01)