


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # B98000000489 1. Entity Name SHIRE II ASSOCIATES LIMITED PARTNERSHIP	
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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
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02272004 Chg-LP CR2E003 (10/03)

4. FEI Number 54-1247301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 STONEHENGE DRIVE, SUITE 211 RALEIGH, NC 27613	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U00000146317 05/03/04-80060-011 141.25
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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)(f), 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: R. MEUNIER 4.15.04 7572451541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #