


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B98000000489**

1. Entity Name  
**SHIRE II ASSOCIATES LIMITED PARTNERSHIP**



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

04272005 Chg-LP CR2E003 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and this, if applicable.

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

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

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

**U00000366653  
05/16/05-80001-005 141.25**

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)(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:** *D. Buck, ACP* **4/27/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #