2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER/ L PARTNER

| | | | | |
|--|--|--|--|--|
| DOCUMENT # . A | 000000011 | 04 | | FILED |
| WELLS OFFICE ASSOCIATES II | l, LTD. | | | 01 MAY -3 PM 5: 09 |
| Principal Place of Business 881-RIVERSIDE AVE.: 010011001TE-050 | Mailing Add | dress | SUITE-850 | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| JACKSONVILLE FL 32204 | | LLE FL 32204 | | |
| 2. Priccipal Place of Business | 3. Mailing A | uddroen | | |
| | | | | _ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Suite, Apt. #, etc. 729 POST STREET | Suite, Apt. 729 P | t.#,etc. <u>OST_STREI</u> | ET | 5 3 DO NOT WRITE IN THIS SPACE |
| City & State | City & Sta | ate | | 4. FEI Number Applied For 59-3671604 Not Applicab |
| Zip Country | Zip | Co | ountry | 5. Certificate of Status Desired See Required Fee Required |
| 6. Name and Address | s of Current Registered Age | ent | Nome | 7. Name and Address of New Registered Agent |
| SHAW, R. LAMAR JR. | | | Name | l |
| -601-RIVERSIDE-AVE., BLDG. II, S | NUTTE 050 | | Street Ac 729 | ddress (P.O. Box Number is Not Acceptable) POST STREET |
| JACKSONVILLE FL 32204 | | | | <u></u> |
| • | | | City | FL Zip Code |
| PIONATURE | | | | r registered agent, or both, in the State of Florida. DATE |
| SIGNATURE - Signature, typed or printed name of 9. Capital Contributions as Shown on record. | registered agent and title if applicable. \$100.00 10. Am in F | (NOT: Regist | ntributions 2,50 | to required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT OF STATE O,000.00 SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. |
| 9. Capital Contributions as Shown on record. A GENERAL F NOTE: General P. | 10. Am in FPARTNER THAT IS A BUSTARTNERS MAY NOT be characters. | (NOT: Regist Confount of Capit Conformation of the Conformation of | ntributions 2,50(MUST BE Frm; an ame | ore required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT: OF STATE O,000.00 SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indicate the state of th |
| SIGNATURE - Signature, typed or printed name of 9. Capital Contributions as Shown on record. A GENERAL F NOTE: General P. 12. GENER | registered agent and title if applicable. \$100.00 10. Am in F | nount of Capit Con FLORIDA to date. SINESS EN TITY anged on ti e for | ntributions 2,50(MUST BE Frm; an amei | to required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT OF STATE O,000.00 SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. |
| SIGNATURE Signature, typed or printed name of particular series of part | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | nount of Capital Con FLORIDA to date. SINESS EN ITTY anged on ti e for | ntributions 2,50(MUST BE Frm; an ame | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| 9. Capital Contributions as Shown on record. A GENERAL F NOTE: General P. 12. GENER DOCUMENT / DATE: DATE: GENER DATE: | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | (NOT: Regist of Conficient Confic | ntributions 2,50(MUST BE Frm; an amei | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET |
| SIGNATURE Signature, typed or printed name of sas Shown on record. A GENERAL F NOTE: General P. 12. GENER DOCUMENT / NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | nount of Capit I Con FLORIDA to dite. SINESS EN ITTY anged on ti e for | ntributions 2,50.0 MUST BE Frm; an ame 13. STREET ADDRESS | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of sas Shown on record. A GENERAL F NOTE: General P 12. GENER STREET ADDRESS STR | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | (NOT: Regist nount of Capit. Con FLORIDA to diste. SINESS EN (ITY anged on tile of for the control of the cont | ntributions 2,50, MUST BE Frm; an ame. 13. STREET ADDRESS STREET ADDRESS | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of sa Shown on record. A GENERAL F NOTE: General P NOTE: General P NOTE: General P NOTE: GENERAL F NOTE: GENERAL | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | NOT: Regist nount of Capit ConFLORIDA to dite. SINESS EN ITTY anged on ti e for Sines Confloring C | ntributions 2,500 MUST BE F rm; an ame 13. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of as Shown on record. A GENERAL F NOTE: General P. 12. GENER DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | NOT: Regist Confliction of Capit Confliction of Capit Confliction of the Confliction of t | ntributions 2,500 MUST BE F rm; an ame 13. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of as Shown on record. A GENERAL F NOTE: General P. 12. GENER 12. GENER 12. GENER 13. GENER 14. GENERAL F NOTE: General P. 14. GENERAL F NOTE: General P. 15. GENER 16. GENER 17. ST-ZIP 16. GENERAL F NOTE: GENE | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | NOT: Regist Confliction of Capit Confliction of Capit Confliction of the Confliction of t | MUST BE Frm; an amei 3. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of as Shown on record. A GENERAL FINOTE: General PINOTE: General PINOTE: General PINOTE: GENER SKYLINE REALTY SER STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS DITY-ST-ZIP DOCUMENT # NAME | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | (NOT: Regist nount of Capit. Con FLORIDA to distension on the second of | MUST BE Frm; an ameila. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS | o, 000.00 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 |
| SIGNATURE Signature, typed or printed name of as Shown on record. A GENERAL FINOTE: General PICE. GENER DOCUMENT / MAME STREET ADDRESS CITY-ST-ZIP | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | (NOT: Regist nount of Capit. Con FLORIDA to diste.) SINESS EN (ITY anged on tile of for some continuous conti | Itered Agent signaly 2,500 MUST BE FITTER; an ame of the signal of the | DATE 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Independent must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 *****526.25 *****526.25 |
| 9. Capital Contributions as Shown on record. A GENERAL F. NOTE: General P. 12. DOCUMENT / NAME STREET ADDRESS SIGNATURE Signature, typed or printed name of | registered agent and title if applicable. 10. Am in F PARTNER THAT IS A BUS PARTNER MAY NOT be cha RAL PARTNER INFORMATION WICES, INC. BLDG. II, SUITE 650 | NOT: Regist nount of Capit. Con FLORIDA to dite. SINESS EN ITTY anged on tile of control of the | Itered Agent signature in tributions 2,500 MUST BE Frm; an ame in iteration in ite | DATE 11. MAKE CHECK PAYABLE TO DEPT: OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. Indian must be filed to change a general partner. ADDRESS CHANGES ONLY 729 POST STREET -05/18/0101118004 *****526.25 *****526.25 |

04-30-01

Date

904-358-0900

Daytime Phone #