

2002 UNIFORM BUSINESS REPORT (UBR)

0006026 AT

DOCUMENT # A00000001104

1. Entity Name

WELLS OFFICE ASSOCIATES II, LTD.

FILED

02 MAY -3 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

729 POST STREET
JACKSONVILLE FL 32204

Mailing Address

729 POST STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3671604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHAW, R. LAMAR JR.
729 POST STREET
JACKSONVILLE FL 32204

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

4,240,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,240,000

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 # P94000076798
NAME SKYLINE REALTY SERVICES, INC.
STREET ADDRESS 729 POST STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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PP \$526.25

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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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/8/02

904-358-0900

CR2E003 (9/01)