


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

**FILED
Mar 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # A00000001104						
1. Entity Name WELLS OFFICE ASSOCIATES II, LLLP						
Principal Place of Business 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204		Mailing Address 751 OAK STREET, SUITE 600 JACKSONVILLE, FL 32204				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FCI Number 59-3671604 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>				\$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. 751 OAK ST., STE. 600 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
9. Capital Contributions as Shown on record. \$4,240,000.00		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			13. ADDRESS CHANGES ONLY			
DOCUMENT #	P94000076798		STREET ADDRESS			
NAME	SKYLINE REALTY SERVICES, INC.		CITY - ST - ZIP			
STREET ADDRESS	751 OAK ST., STE. 600					
CITY - ST - ZIP	JACKSONVILLE, FL 32204					
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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: <u>R. LY</u>			3/12/04 904-358-0900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Call</small>	<small>Daytime Phone #</small>		



02052004 Chg-LP CR2E003 (10/03)

4. FCI Number **59-3671604**

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STAPLE CHECK HERE