## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 13, 2006 08:00 AM Secretary of State

	Due By May 1	, 2006		Secretary of State
DOCU	MENT # A00000001104			Secretary of State
1. Entity Nam WELLS O	FFICE ASSOCIATES II, LLLP			
Principal Place	e of Business Mail	ing Address		
751 OAK STE	REET, SUITE 600 75	1 OAK STREET, SUITE 600 KSONVILLE, FL 32204		
	<u> </u>			
ת	O NOT WRITE IN	THIS SPA	CE	01172006 No Chg-LP
	O NOT WITTE III	IIIIO OI A	:	4. FEI Number Applied For 59-3671604 Not Applicate 5. Certificate of Status Desired \$8.75 Additional
<b>}</b>			<del></del>	5. Certificate di Status Desired
	6. Name and Address of Current Registe LAMAR JR. ST., STE, 600	нео Аделі	-	DO NOT WRITE
JACKSONVILLE, FL 32204				IN THIS SPACE
	named entity submits this statement for the putions of registered agent.	rpdse of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and scoop
SIGNATURE			<u></u>	N
	Signature, typed or printed name of registered agent and fille if a	pplicable.		DATE
	FILE NOWIN F After May 1, 2006,	EE IS \$500.00 Fee will be \$900.00		
	A GENERAL PARTNER THAT IS	S A BUSINESS ENTITY	MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general parlner.
12.	GENERAL PARTNER INFOR		ii, aii aiiiaiidiidii	it must be men to change a general paralet.
DOCUMENT /	P94000076798			
NAME	SKYLINE REALTY SERVICES, INC.			
STREET ADDRESS CITY-ST-ZIP	751 OAK ST., STE. 600	}		
<del></del>	JACKSONVILLE, FL 32204			$H \cap \cap \cap \cap A \cap \supseteq \supseteq C :$
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legat effect as it made under each; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: