

ADD0000001104

(Requestor's Name)

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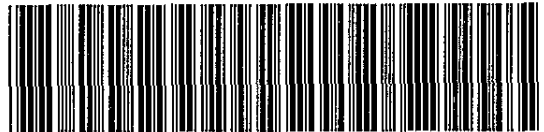
(Business Entity Name)

(Document Number)

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2-18-03



ACCOUNT NO. : 072100000032

REFERENCE : 934239 4732152

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 25.00

ORDER DATE : February 18, 2003

ORDER TIME : 12:05 PM

ORDER NO. : 934239-010

CUSTOMER NO: 4732152

CUSTOMER: Ms. Tristan Hoffman  
Gartner Brock & Simon

Suite 203  
1660 Prudential Drive  
Jacksonville, FL 32207

DOMESTIC FILING

NAME: WELLS OFFICE ASSOCIATES II,  
LTD.

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
XX        CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
Wells Office Associates II, Ltd., a Florida limited partnership

Insert limited partnership's Florida document number: A00000001104

or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP  
(LLLP, L.L.L.P.)

3. The street address of its chief executive office: 751 Oak Street  
(if different from current recorded address):

Suite 600

Jacksonville, Florida 32204

4. The street address of principal office in Florida: 751 Oak Street  
(if different from above)

Suite 600

Jacksonville, Florida 32204

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

     a date later than the time of filing:                     

7. The name and Florida street address of the partnership's agent for service of process:

R. Lamar Shaw, Jr.

701 Oak Street, Suite 600

Jacksonville, Florida 32204

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 14th day of February, 2003

Signature of TWO Partners: see attached


Typed or printed names of partners signing above: See Attached

AND  
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TALLAHASSEE, FLORIDA

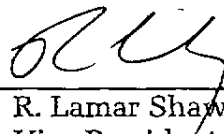
Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

Signature of two partners:

SKYLINE REALTY SERVICES, INC., a  
Florida corporation

By:   
R. Lamar Shaw, Jr., President

WELLS CROSSING ASSOCIATES,  
INC., a Florida corporation

By:   
R. Lamar Shaw, Jr.,  
Vice President

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