


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001579	
1. Entity Name KIELY ASSET PARTNERS II, LTD.	

Principal Place of Business 491 SEA OAK DRIVE VERO DRIVE FL 32963	Mailing Address 491 SEA OAK DRIVE VERO DRIVE FL 32963
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip	Country

4. FEI Number 13-4221175	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KIELY, ELIZABETH S 491 SEA OAK DRIVE VERO DRIVE FL 32963	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date. 52,159	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
	KIELY, ELIZABETH S		
STREET ADDRESS	491 SEA OAK DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	VERO DRIVE FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
	KIELY, WILLIAM R JR.		
STREET ADDRESS	491 SEA OAK DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	VERO DRIVE FL 32963		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: Elizabeth S. Kiely (Betty) 4-13-04 772-231-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #