

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 13 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03252005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
13-4221175

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
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 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 BETTY S. KIELY - MANAGING AGENT Betty S Kiely 4-6-05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date. 36,683 12/31/04

**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 #	KIELY, ELIZABETH S (BETTY S. KIELY)	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS	491 SEA OAK DRIVE		
CITY-ST-ZIP	VERO DRIVE, FL 32963		
DOCUMENT #	KIELY, WILLIAM R JR.	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS	491 SEA OAK DRIVE		
CITY-ST-ZIP	VERO DRIVE, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			900054287109
CITY-ST-ZIP			05/11/05--01043--018 **345.53
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: BETTY S. KIELY - Betty S. Kiely 4-6-05 772-231-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #