2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 06, 2006 08:00 AM Secretary of State

DOCUMENT # A0200001579 1. Entity Name KIELY ASSET PARTNERS II, LTD.				Secretary of State
491 SEA OA		Mailing Address 491 SEA OAK DRIVE		
VERO DRIVE	, FL 32903	VERO DRIVE, FL 32963		
	O NOT WRITE	IN THIS SPA	CE	04142006 No Chg-LP
}	6. Name and Address of Current F	Registered Agent	a policie, to go to a to	5. Certificate of Status Desired Fee Required
KIELY, ELIZABETH S 491 SEA OAK DRIVE VERO DRIVE, FL 32963				DO NOT WRITE IN THIS SPACE
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 Signature, typod or printed name of registered agent and title it applicable. DATE DATE				
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENTITY I Y NOT be changed on the for	MUST BE REGIS' n; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION		-
NAME STREET ADDRESS CITY-ST-ZIP	KIELY (BETTY), ELIZABETH Y 491 SEA OAK DRIVE VERO DRIVE, FL 32963			1100000541523 05/10/06-80062-006 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KIELY, WILLIAM R JR. 491 SEA OAK DRIVE VERO DRIVE, FL 32963			05/10/0 0 -5005/700 500-00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing 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 legal effect as if made under oath; that I am a General Partner of the Ilmited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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