

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000809

1. Entity Name
WELLS SHOPPING CENTER PARTNERS II, LLLP



Principal Place of Business
**751 OAK STREET, SUITE 600
JACKSONVILLE, FL 32204**

Mailing Address
**751 OAK STREET, SUITE 600
JACKSONVILLE, FL 32204**



01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
14-1909058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAW, R. LAMAR
751 OAK STREET, SUITE 600
JACKSONVILLE, FL 32204**

**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, typed or printed name of registered agent and the 1) applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P94000076798**
NAME **SKYLINE REALTY SERVICES, INC.**
STREET ADDRESS **751 OAK STREET, SUITE 600**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

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000000417622
02/13/06-80062-014 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **R. LY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/06

904-358-0900

Date

Daytime Phone if