


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

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000941</b> 1. Entity Name WYGLE FAMILY LIMITED PARTNERSHIP II					
Principal Place of Business 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781			Mailing Address 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3273816				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WYGLE, NANCY R 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date (if applicable).</small>					
9. Capital Contributions as Shown on record. <b>\$310,696.48</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$310,696.48</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	WYGLE, NANCY R			CITY-ST-ZIP	
STREET ADDRESS	5700 70TH AVENUE NORTH				
CITY-ST-ZIP	PINELLAS PARK, FL 33781				1000000255333 03/08/05-80010-009 526.25
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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)(f), 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.					
<b>SIGNATURE</b> <i>Nancy R Wygle</i>				Nancy R. Wygle	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date <i>2/28/05</i>	
				Daytime Phone # <i>727-545-9555</i>	

STAPLE CHECK HERE