

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 DEC 29 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>1. Name of Limited Partnership</b> Wooley Properties II, Ltd.		<b>1a. DOCUMENT #</b> A98000002846	
<b>Mailing Address</b>  9210 Adamo Drive Tampa, Florida 33619		<b>Principal Office Address</b>  Same	
<b>2. Mailing Address</b>  Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> 12/24/98		<b>5a. Capital Contributions as Shown on record.</b> \$1,000,000.00	
<b>3a. Date of Last Report</b> n/a		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$1,000,000.00	
<b>4. State or Country of Formation</b> Florida		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  Stephen B. Straske II 101 East Kennedy Boulevard Suite 3700 Tampa, Florida 33602		<b>10. If changed, new Registered Agent/Office</b>  Name Street Address (P.O. Box Number Is Not Acceptable) 4000002742894--1 Suite, Apt. #, etc. -01/15/99--01006--001 City ****526.25 FL Zip Code	
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  JIW Enterprises, Inc., a Florida Corporation	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  9210 Adamo Drive	<b>11b. City, State &amp; Zip Code</b>  Tampa, Florida 33619	<b>11c. Registration/Document Number</b>  F91291
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

JIW Enterprises, Inc., GP

DATE 12/28/98

Typed or Printed Name of General Partner Signing Form

J.I. Wooley, President

Daytime Telephone Number

(813) 621-7747

CR2E003 (8/98)