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

Name Address Principal Office Address 9210 Adamo Drive Tampa, Florida 33619 Same 2a. Principal Office Address 2a. Principal Office Address Plorida 33619 Suite, Apr. #, etc. Suite, Apr. #, et	LIMITED PARTNERSHIP ANNUAL REPORT 1999 1. Name of Limited Partnership Wooley Properties II, Ltd.	FLORIDA DEPARÎMENT OF S' Sandra B. Mortham Secretary of State DIVISION OF CORPORATION 1a. DOCUMENT # A98000002846		FILED 98 DEC 29 AM 10: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
9210 Adamo Drive Tampa, Florida 33619 2. Maling Address 3. Maling Address 4. State of Country of Fernation Florida 5. Applies for Florida 5. Country 7. Certificate of Satus Desired 7. Certificate of Satus Desired 7. Certificate of Satus Desired 8. Malin check payable to Destr of State (See revenue acts for the Intermedian) 9. Name and Address of Current Registrated Agent 10. If charged, now Registrated Agent Office Stephen B. Straske II 10.1 Bast Rerunedy Boulevard Suite 3700 Tampa, Florida 33602 10. Person Name of Popular of State (See revenue acts for the Intermedian) Suite Adv. 4. Sci. 10. Person of the Intermedian Adversary of State (See States acts for States Adversary of States acts for States acts	·				·	
### Standard Address 2a, Principal Office Address 71,000,000.00 2. Malling Address 2a, Principal Office Address 71,000,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Fill Number 31,000,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Fill Number 32,000,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Fill Number 32,000,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Fill Number 32,000,000.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Fill Number 32,000,000.00 Tourity Zip Country Zip Country Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. Suite, Apt.	Mailing Address	Principal Office Address		12/24/08	Shown on record.	
2a. Principal Office Activess Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. City & State To Country Country Country Country Country City Country Country City Country City Country City Country State Acceptable B. Make orders payable to Death of Status (See revertee size for fee information) Part of Country State Acceptable State Acceptable State Acceptable State Acceptable State Acceptable City Country State Acceptable State Acceptable State Acceptable City Country Acceptable Death Acceptable City Country City Country City Country City Country City Country Acceptable Death Acceptable City Country City Country City Country Acceptable Death Acceptable City Country Acceptable Death Acceptable City Country City Country Acceptable Death Acceptable City Country Acceptable Death Acceptable City Country Acceptable Death Acceptable City Country Acceptable Death Accepta		Same		3a. Date of Last Report	5b. Amount of Capital Contributions in PLORIDA	
City & State Country Countr	2. Mailing Address	2a. Principal Office Address		·		
Record R				6. FEI Number	Applied For Not Applicable	
9. Name and Address of Current Registered Agent Stephen B. Straske II 101 East Kernnedy Boulevard Suite 3700 Tampa, Florida 33602 102. Pursuant to the provisions of sections 820 1051 and 820 102. Plorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Princip. 103. Pursuant to the provisions of sections 820 1051 and 820 102. Plorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Princip. 104. Pursuant to the provisions of sections 820 1051 and 820 102. Plorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Princip. 104. Pursuant to the provisions of sections 820 1051 and 820 102. Plorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Princip. 105. AGENERAL PARTNER THAT Is A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (no NOT Use Port Office Box Numbers) 11b. City, State & Zip Code 11c. Registered 11c. Registered 11d. (no NOT Use Port Office Box Numbers) 11d. (no NOT Use Port Office Box Numbers) 12d. It to hereby certify that the information supprised with this Billing is voluntarily furnished and does not qualify for the atemptic and desired for Section 100 (2000) (Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Stephen B. Straske II 101 Rast Kemnedy Boulevard Suite 3700 Tampa, Florida 33602 102. Pursuant to the processors of accorder 500, 1051 and 500, 102, Plorida Statutes, the above-trained limited partnership organized or registered under the laws of the State of Plorida, submits this statement for the processors of designer of corregistered agree, to both, in the State of Plorida, Such change was authorized by its general partner (c). I hereby accept the appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Additions of Each General Partner (b) NOT Use Post Office Box Number) Partner 11b. City, State & Zip Code 11c. Registration Registration Partner 11b. City, State & Zip Code 11c. Registration Partner Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner, a reference in the processor of the pr				8. Make check payable to: Dept. of S	state (See reverse side for fee information)	
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (ID NOT Use Post Office Box Numbers) 11b. City. State & Zip Code 11c. Registration/ Document Number Tampa, Florida 33619 F91291 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner? 12. Ido hereby certify that the information supplied with this filling 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 accurate and that my signature shall have the same legal effects as if made under oath. I turiher certify that 1 am a General Partner of the limited partnership, receiver or trastee empowered to execute this report as required by chapter \$20. Florida Statutes.	Stephen B. Straske II 101 East Kennedy Boulevard Suite 3700 Tampa, Florida 33602 Suite. Apt. #, etc. City Total Pursuant to the provisions of sections 520, 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 diffice 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, 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					
JIW Enterprises, Inc., a Florida Corporation 9210 Adamo Drive Tampa, Florida 33619 F91291 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. It 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)(s), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(s) 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 turther certify that I am a General Partner of the limited partnership, receiver or tarstee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE		Address of Feel Consess	Partner			
12. I do hereby certify that the information supplied with this filling 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.,				Boother, tamber	
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Daytime Telephone Number