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

HILEU SECRETARY OF STATE **DOCUMENT # A98000002846** DIVISION OF CORPORATIONS Entity Name WOOLEY PROPERTIES II, LTD. 05 APR -1 AM 8:41 Principal Place of Business Mailing Address 4636 N. DALE MABRY HWY 4636 N. DALE MABRY HWY TAMPA, FL 33614 TAMPA, FL 33614 3. Mailing Address 2. Principal Place of Business 3800 W. Hillsborough Ave. 3800 W. Hillsborough Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 Chg-LP CB2E003 (10/03) City & State 4 FEI Number Applied For City & State 59-3547917 Not Applicable Tampa, FL Tampa, FL \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 33614 33614 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBBINS, R. JAMES JR Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., SUITE 3700 **TAMPA, FL 33619** Zip Code City 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 title if applicable DATE 10. Amount of Capital Contributions \$1,000,000.00 9. Capital Contributions \$1,000,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. F91291 DOCUMENT / STREET ADDRESS 3800 W. Hillsborough Ave. JIW ENTERPRISES, INC. NAME STREET ADDRESS 4636 N. DALE MABRY HIGHWAY CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33614 Tampa, FL 33614 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP <u>900050510829</u> 04/12/05--01010--016 **526,25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY=6T-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 exegute this report as required by Chapter 620, Florida Statutes J. I. Wooley 3/28/05 (813)865-8000 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER