

PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

A00000001266

MAN PARTNERSHIP #2, LTD.



Principal Place of Business

C/O SYLVIA W. FELDMAN
44 COCOANUT ROW, APT. B-415
PALM BEACH, FL 33480

Mailing Address

C/O LESLIE FELDMAN, ESQ.
277 BROADWAY, SUITE 601
NEW YORK, NY 10007



01292008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, SYLVIA W
44 COCOANUT ROW, APT. B-415
PALM BEACH, FL 33480

**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 title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, SYLVIA W
44 COCOANUT ROW, APT. B-415
PALM BEACH, FL 33480

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, LESLIE C
277 BROADWAY, SUITE 601
NEW YORK, NY 10007

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FELDMAN, JEFFREY W
41 WHEATLEY ROAD
UPPERBROOKVILLE, NY 11545

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000823450
02/20/08-80040-007 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/08 (212) 233-5688

Date

Daytime Phone #

STAPLE CHECK HERE