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2004 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001639

1. Entity Name
THE ASUSTA FAMILY LIMITED PARTNERSHIP #2



Principal Place of Business
**431 BIRD ROAD
CORAL GABLES, FL 33141**

Mailing Address
**4110 RIVIERA DRIVE
CORAL GABLES, FL 33146**

2. Principal Place of Business
4110 Riviera Drive
City & State
Coral Gables FL

3. Mailing Address
Suite, Apt. #, etc.
City & State
33146



03312004 Chg-LP CF2E003 (10/05)

4. FEI Number
65-1053001

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ESTEVEZ, OSCAR J
999 PONCE DE LEON BLVD., SUITE 500
CORAL GABLES, FL 33134**

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: _____
Signature, typed or printed name of registered agent and title of signature

9. Capital Contributions as Shown on record. **\$3,605.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ASUSTA, TOMAS	STREET ADDRESS	4110 Riviera Drive
NAME	431 BIRD ROAD	CITY-ST-ZIP	Coral Gables, FL 33146
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STATE CHECK HERE

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 execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ DATE: **3/31/04** **3056684766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TOMAS J. ASUSTA