


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

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001639**

1. Entity Name  
**THE ASUSTA FAMILY LIMITED PARTNERSHIP #2**



Principal Place of Business  
**4110 RIVERIA DRIVE  
CORAL GABLES, FL 33146**

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



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

04122005 Chg-LP CR2E003 (10/03)

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 if applicable

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	
NAME	4110 RIVIERA DR.	CITY-ST-ZIP	
STREET ADDRESS	CORAL GABLES, FL 33146		
CITY-ST-ZIP			1100000363895
DOCUMENT #		STREET ADDRESS	05/06/05-80018-022 141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **4/26/05** DAYTIME PHONE #: **305-6684266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**TOMAS J. ASUSTA**

STAPLE CHECK HERE