


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 27, 2006 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
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06282006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1053001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 #	ASUSTA, TOMAS
NAME	4110 RIVIERA DR.
STREET ADDRESS	CORAL GABLES, FL 33146
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/27/06-80002-003-900.00

STAPLE CHECK HERE

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: TOMAS ASUSTA Date: 6/27/06 Daytime Phone #: (305) 6422345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER