

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A00000001639
1. Entity Name
THE ASUSTA FAMILY LIMITED PARTNERSHIP #2



FILED

2007 APR -3 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4110 RIVERIA DRIVE 4110 RIVERIA DRIVE
CORAL GABLES FL 33146 CORAL GABLES FL 33146

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/06)
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 TOMAS J. ASUSTA
Street Address (P.O. Box Number is Not Acceptable) 4110 Riviera Drive
City Coral Gables FL Zip Code 33146

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]* TOMAS J. ASUSTA Pres. 3/19/07 DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>[Signature]</i>
CITY ST ZIP	
STREET ADDRESS	
CITY ST ZIP	
STREET ADDRESS	
CITY ST ZIP	

400095164054
04/09/07--01005--017 **500.00

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: *[Signature]* TOMAS J. ASUSTA 3/19/07 786 326 5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #