2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 26, 2008 08:00 A]
Secretary of State

DOCUMENT # A00000001639

1. Entity Name
THE ASUSTA FAMILY LIMITED PARTNERSHIP #2

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

DO NOT WRITE IN THIS SPACE

03062008 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
65-1053001 –	Not Applicable

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

6. Name and Address of Current Registered Agent

ASUSTA, TOMAS J
4110 RIVIERA DRIVE
CORAL GABLES, FL 33146

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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
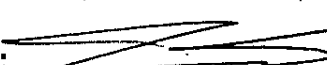**After May 1, 2008, Fee will be $900.00**

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	ASUSTA, TOMAS 4110 RIVIERA DR. CORAL GABLES, FL 33146
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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 _____ 3/21/08 _____ 7863265508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #