


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

**FILED
Mar 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # A03000001248

1. Entity Name
THE FEHLHABER REAL ESTATE FAMILY LIMITED
PARTNERSHIP #2



Principal Place of Business
2020 W. MCNAB ROAD
FT. LAUDERDALE, FL 33309

Mailing Address
C/O ROBERT F. FEHLHABER
2020 W. MCNAB ROAD
FT. LAUDERDALE, FL 33309

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1202316

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316

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. **\$5,000.00**

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 #	FEHLHABER, ROBERT F	STREET ADDRESS	
NAME	2020 W. MCNAB ROAD	CITY-ST-ZIP	
STREET ADDRESS	FT. LAUDERDALE, FL 33309		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000255273
NAME		CITY-ST-ZIP	03/08/05-20007-001 141 25
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STAPLE 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:  3/1/05 954-971-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #