


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007.**

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A02000000978</b> 1. Entity Name <b>LEDER ENTERPRISES #2, LTD.</b>	
---	---

Principal Place of Business <b>C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE, STE. #31 BOCA RATON, FL 33487</b>	Mailing Address <b>C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE, STE. #31 BOCA RATON, FL 33487</b>
--	--



01242007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3101431</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A. SUNTRUST INT'L CTR, 1 SE 3RD AVE. STE 2400 MIAMI, FL 33131</b>
---

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	P02000078473 LEDER GROUP #2, INC. 6530 WEST ROGERS CIR., STE. 31 BOCA RATON, FL 33487
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	

U000000646599  
03/06/07-80039-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

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
--

<b>SIGNATURE:</b> <u>Samuel E Leder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____ <small>Date</small>	<u>561-995-7278</u> <small>Daytime Phone #</small>
--	-----------------------------------	---

STAPLE CHECK HERE