2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

SECRETARY OF STATE TĂLLAHASSEE, FLORIDA **DOCUMENT # A02000000978** 08 MAR 10 PM 4: 07 LEDER ENTERPRISES #2, LTD. Mailing Address Principal Place of Business C/O LEDER GROUP INVESTMENT PROPERTIES C/O LEDER GROUP INVESTMENT PROPERTIES 6530 WEST ROGERS CIRCLE, STE. #31 6530 WEST ROGERS CIRCLE, STE. #31 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4755 Technology Way Ste. 202 02052008 4755 Technology Way Ste. 202 Chg-LP CR2E003 (12/06) Boca Raton, FL 33431-3338 Boca Raton, FL 33431-3338 4. FEI Number Applied For 75-3101431 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, NICHOLAS M ESQ. Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN, P.A. SUNTRUST INT'L CTR. 1 SE 3RD AVE. STE 2400 MIAMI, FL 33131 Zip Code FL 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P02000078473 DOCUMENT # STREET ADDRESS 4755 Technology Way Ste. 202 LEDER GROUP #2, INC. NAME Boca Raton, FL 33431-3338 STREET ADDRESS 6530 WEST ROGERS CIR., STE. 31 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33487 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 outer this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplie indicated on this report is true and accura or the receiver or trustee empowered to