


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A00000000029</b>	
1. Entity Name <b>LEONARD BRAWER FAMILY LIMITED PARTNERSHIP NO. 2</b>	

**FILED**  
**2005 APR 11 AM 9:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>7771 WEST OAKLAND PARK BLVD., SUITE 122 SUNRISE FL 33351</b>	Mailing Address <b>7771 WEST OAKLAND PARK BLVD., SUITE 122 SUNRISE FL 33351</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 122</b>	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

**1ST MOORE CR2E003 (10/04)**

6. Name and Address of Current Registered Agent  <b>BRAWER, MARC H ESQ. 7771 WEST OAKLAND PARK BLVD., SUITE 122 SUNRISE FL 33351</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

**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 #	<b>P96000062597</b>	STREET ADDRESS	
NAME	<b>LEONARD BRAWER FAMILY HOLDINGS, INC.</b>	CITY-ST-ZIP	<b>200054035612 05/09/05--01009--020 **526.25</b>
STREET ADDRESS	<b>7771 WEST OAKLAND PARK BLVD., SUITE 122</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **Leonard Braver** **4/8/05** **954 749-0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #