

2008-LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
 SECRETARY OF STATE,
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A00000000779 1. Entity Name ISAACSON ASSOCIATES PARTNERSHIP #2, LTD.					
Principal Place of Business 1605 MOUNT PLEASANT ROAD VILLANOVA, PA 19085			Mailing Address 1605 MOUNT PLEASANT ROAD VILLANOVA, PA 19085		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1018889	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Wilmington Trust FSB (Resigned)</div>			7. Name and Address of New Registered Agent Name: Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable): 300 5th Ave, South Suite 101-330 City: Naples FL Zip Code: 34102		
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: 5/16/08	
FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000029350 ISAACSON NO. 2, INC. 4400 PGA BOULEVARD, SUITE 102 PALM BEACH GARDENS, FL 33410		STREET ADDRESS CITY-ST-ZIP	1605 MT Pleasant Rd. Villanova, Pa 19085	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	700130088457 05/22/08--01024--016 **500.00	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/30/08		Daytime Phone #: 610-525-9575

STAPLE CHECK HERE