

A00000001266

DOCUMENT # A00000001266
1. Entity Name
THE FELDMAN PARTNERSHIP #2, LTD.

02 JUN 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 44 Coconut Row, Apt. B-415		3. Mailing Address c/o Leslie Feldman, Esq.	
Suite, Apt. #, etc. c/o Sylvia W. Feldman		Suite, Apt. #, etc. 277 Broadway, Suite 601	
City & State Palm Beach, FL		City & State New York, NY	
Zip 33480	Country	Zip 10007	Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 65-1095037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Feldman, Sylvia W.	
Street Address (P.O. Box Number is Not Acceptable) 44 Coconut Row, Apt B415	
City Palm Beach	FL Zip Code 33480

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	Feldman, Sylvia W. 44 Coconut Row, Apt B415 Palm Beach, FL 33480
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Feldman, Leslie C. 277 Broadway, Suite 601 New York, NY 10007
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Feldman, Jeffrey W. 41 Wheatley Road Upper Brookville, NY 11545
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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REINSTATEMENT 2001-2002

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:  5/20/02

CR2E003B (12/01)