


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**-DUE BY MAY 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001266</b> 1. Entity Name <b>THE FELDMAN PARTNERSHIP #2, LTD.</b>	
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Principal Place of Business <b>C/O SYLVIA W. FELDMAN 44 COCOANUT ROW, APT. B-415 PALM BEACH FL 33480</b>	Mailing Address <b>C/O LESLIE FELDMAN, ESQ. 277 BROADWAY, SUITE 601 NEW YORK NY 10007</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-1095037</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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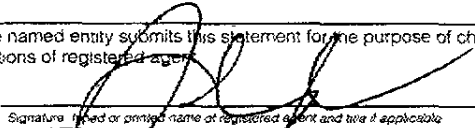
6. Name and Address of Current Registered Agent
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<b>FELDMAN, SYLVIA W 44 COCOANUT ROW, APT. B-415 PALM BEACH FL 33480</b>
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7. Name and Address of New Registered Agent
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Name
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 	DATE
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9. Capital Contributions as Shown on records <b>\$3,632,482.89</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
NAME	<b>FELDMAN, SYLVIA W</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>44 COCOANUT ROW, APT. B-415</b>		
CITY - ST - ZIP	<b>PALM BEACH FL 33480</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>FELDMAN, LESLIE C</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>277 BROADWAY, SUITE 601</b>		
CITY - ST - ZIP	<b>NEW YORK NY 10007</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>FELDMAN, JEFFREY W</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>41 WHEATLEY ROAD</b>		
CITY - ST - ZIP	<b>UPPERBROOKVILLE NY 11545</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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> 	<b>3/22/04 212-513-0260</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE