


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001266 1. Entity Name THE FELDMAN PARTNERSHIP #2, LTD.	
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Principal Place of Business C/O SYLVIA W. FELDMAN 44 COCOANUT ROW, APT. B-415 PALM BEACH, FL 33480	Mailing Address C/O LESLIE FELDMAN, ESQ. 277 BROADWAY, SUITE 601 NEW YORK, NY 10007
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1095037	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELDMAN, SYLVIA W 44 COCOANUT ROW, APT. B-415 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,632,482.89	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY-ST-ZIP	FELDMAN, SYLVIA W 44 COCOANUT ROW, APT. B-415 PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FELDMAN, LESLIE C 277 BROADWAY, SUITE 601 NEW YORK, NY 10007	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FELDMAN, JEFFREY W 41 WHEATLEY ROAD UPPERBROOKVILLE, NY 11545	STREET ADDRESS CITY-ST-ZIP	U000000315211 04/19/05-80026-004 526.25
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05 212 233-5688
Date Daytime Phone #

STAPLE CHECK HERE