

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000002029

1. Entity Name
THE PHILIP ZIEKY PARTNERSHIP #2, LTD.



Principal Place of Business
**C/O PHILIP ZIEKY
715 PINE LAKE DRIVE
DELRAY BEACH, FL 33445**

Mailing Address
**C/O PHILIP ZIEKY
715 PINE LAKE DRIVE
DELRAY BEACH, FL 33445**



02102006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1062769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIEKY, PHILIP
715 PINE LAKE DRIVE
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000476298
04/06/06-80003-025 500.00

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 **ZIEKY, PHILIP TRUSTEE**
STREET ADDRESS **715 PINE LAKE DRIVE**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

DOCUMENT #
NAME **ZIEKY, ELIOTT S**
STREET ADDRESS **41 MEEKS POINT ROAD**
CITY-ST-ZIP **EAST HAMPTON, CT 064251525**

DOCUMENT #
NAME **ZIEKY, JEFFREY M**
STREET ADDRESS **PO BOX 2478**
CITY-ST-ZIP **CAREFREE, AZ 853772478**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Philip Zieky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/15/06 (561) 495-1298
Date Daytime Phone #

STAPLE CHECK HERE