2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001204

1. Entity Name
MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, NO. 2

Principal Place of Business	Mailing Address
6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073

02162004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1138993 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRERA, MICHAEL J 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record	$2,010,000.00	10. Amount of Capital Contributions in FLORIDA to date	

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 #		STREET ADDRESS	
NAME	FERRERA, MICHAEL J TRUSTEE	CITY ST ZIP	
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1		
CITY ST ZIP	COCONUT CREEK, FL 33073		
DOCUMENT #		STREET ADDRESS	
NAME	SASSER, TIFFANY L TRUSTEE	CITY ST ZIP	U00U00158257 05/07/04-80014-020 526.25
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1		
CITY ST ZIP	COCONUT CREEK, FL 33073		
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CITY ST ZIP			

STAPLE CHECK HERE

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.

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428

SIGNATURE: MICHAEL S. FERRERA 4/27/04 6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #