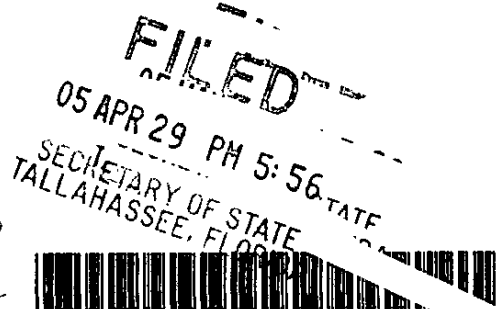


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

<b>DOCUMENT # A01000001204</b>					
<b>1. Entity Name</b> MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, NO. 2					
<b>Principal Place of Business</b> 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073			<b>Mailing Address</b> 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  FERRERA, MICHAEL J 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
\$2,010,000.00		\$18,500			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FERRERA, MICHAEL J TRUSTEE 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SASSER, TIFFANY L TRUSTEE 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SASSER, JESSE DEE TRUSTEE 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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<b>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</b>					
<b>SIGNATURE:</b> <u>Jesse Dee Sasser / JESSE DEE SASSER</u> <u>4/26/05</u> <u>954-428-6600</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE



02072005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1138993 Applied For Not Applicable

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

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