

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001204 1. Entity Name MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, NO. 2	
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Principal Place of Business 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073	Mailing Address 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073
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01292007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1138993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRERA, MICHAEL J 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	FERRERA, MICHAEL J TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	
NAME	SASSER, TIFFANY L TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	
NAME	SASSER, JESSE DEE TRUSTEE
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1
CITY-ST-ZIP	COCONUT CREEK, FL 33073
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-80006-006 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Jesse Dee Sasser **JESSE DEE SASSER** 1/29/07 954-818-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #