

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001358</b>					
<b>1. Entity Name</b> INDUSTRIAL DEVELOPMENT CO. OF AMERICA, NO. 2, LLLP					
<b>Principal Place of Business</b> 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073			<b>Mailing Address</b> 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, 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	02162004    Chg-LP    CR2E003 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
LASSER, LEE S 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<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 the taxpayer</small>					
<b>9. Capital Contributions</b> as Shown on record    \$0.00			<b>10. Amount of Capital Contributions</b> in FLORIDA to date.		
<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	A00000001106 LEE S. LASSER FAMILY LIMITED PARTNERSHIP 4100 NORTH POWERLINE ROAD, SUITE B-2 POMPANO BEACH, FL 33073		STREET ADDRESS CITY ST ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;">           000000114570            01/15/04-80056-001 141.25         </div>	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	A00000001125 AUGUSTINE FERRERA FAMILY LIMITED PARTNERSH 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		STREET ADDRESS CITY ST ZIP		
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	A01000001204 MICHAEL J. FERRERA FAMILY LIMITED PARTNERS 6601 LYONS ROAD, SUITE C-1 COCONUT CREEK, FL 33073		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)(f), 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> <i>Lee S. Lasser</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <b>LEE S. LASSER</b>			<div style="display: flex; justify-content: space-between;"> <span>4/7/04</span> <span>(81)9750055</span> </div>		

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