


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Apr 21, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A01000001363					
1. Entity Name HAWKFIELDS FARMS P-2 LIMITED PARTNERSHIP					
Principal Place of Business 6510 NORTHWEST 9TH BLVD. GAINESVILLE FL 32605			Mailing Address 6510 NORTHWEST 9TH BLVD. GAINESVILLE FL 32605		
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 25-2820828	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOPMAN, JONATHAN E ESQ. 2255 GLADES ROAD SUITE 419A BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3001 TAMiami TRAIL NORTH 4th FLOOR City NAPLES FL Zip Code 34101	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$57,774.00		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 #	NAME			STREET ADDRESS	
NAME	HAWKFIELDS L-2 MANAGEMENT LLC				
STREET ADDRESS	6510 NORTHWEST 9TH BLVD.			CITY-ST-ZIP	
CITY-ST-ZIP	GAINESVILLE FL 32605				
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CITY-ST-ZIP					
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					
SIGNATURE: 				VIRGINIA J. CAUTHEN 4/21/05 352/331-0811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

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