2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001363

1. Entity Name

HAWKFIELDS FARMS P-2 LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6510 NORTHWEST 9TH BLVD. GAINESVILLE FL 32605	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

1st MOORE CR2E003 (10/05)

4. FEI Number 25-2820828 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOPMAN, JONATHAN E ESQ.
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR
NAPLES FL 34101

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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	HAWKFIELDS L-2 MANAGEMENT LLC		
STREET ADDRESS	6510 NORTHWEST 9TH BLVD.		
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	U00000518552 05/02/06--80016--005 500.00
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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: Virginia T. Crutchfield 4/13/06 352/331-0811