

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

DOCUMENT # A01000001363

1. Entity Name

HAWKFIELDS FARMS P-2 LIMITED PARTNERSHIP



**FILED**

**Apr 29, 2008 08:00 AM**  
**Secretary of State**



1st MOORE CR2E003 (10/07)

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 <b>FL</b> 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 \_\_\_\_\_  
Signature, type or printed name of registered agent and date if applicable DATE \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	HAWKFIELDS L-2 MANAGEMENT LLC 6510 NORTHWEST 9TH BLVD. GAINESVILLE FL 32605	STREET ADDRESS CITY-ST-ZIP	
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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 CAUTHEN 04/23/08 352-332-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #