

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000165

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Entity Name:** VALENCIA FAMILY 2 LIMITED PARTNERSHIP

**Current Principal Place of Business:**

8702 BAY LAUREL COURT  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

8702 BAY LAUREL COURT  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-1684007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENCIA, CHRISTOPHER L  
8702 BAY LAUREL COURT  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P01000031526  
Name: SOUTH BAY NEUROLOGY AND TOTAL SPINE CARE  
Address: 4051 UPPER CREEK DRIVE, STE. 111  
City-St-Zip: TAMPA, FL 33573

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER L. VALENCIA

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/21/2006

\_\_\_\_\_  
Date