


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A92000000179	
1. Entry Name ADA PROPERTIES NO. 2, LTD.	

Principal Place of Business C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334	Mailing Address C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

04072005	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3155097	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ABRAMS, ALLAN 4710 EISENHOWER BLVD. SUITE C-1 TAMPA, FL 33634-6334	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$2,734,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P92000012806	STREET ADDRESS	
NAME	AGP '92 CORP.	CITY-ST-ZIP	
STREET ADDRESS	C/O 4710 EISENHOWER BLVD., SUITE C-1		
CITY-ST-ZIP	TAMPA, FL 336346334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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05/05/05-80087-017 526.25

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: Kristopher M. Hoover 4/14/05 813-884-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE