

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A92000000179

1. Entity 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**



03132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3155097

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABRAMS, ALLAN
4710 EISENHOWER BLVD.
SUITE C-1
TAMPA, FL 33634-6334**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and file if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **P92000012806**
NAME **AGP '92 CORP.**
STREET ADDRESS **C/O 4710 EISENHOWER BLVD., SUITE C-1**
CITY-ST-ZIP **TAMPA, FL 336346334**

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**U00000563987
05/20/06-80027-018 500.00**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Kristopher Hoover
President**

3/13/06

Date

813-889-8855

Daytime Phone #