2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DÖCUMENT # 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 FILED'
Mar 14, 2008 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3155097

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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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 Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment	

NOTE: General Partners MAY NOT be changed on the

12. GENERAL PARTNER INFORMATION

DOCUMENT / P92000012806

NAME AGP '92 CORP.

STREET ADDRESS C/O 4710 EISENHOWER BLVD., SUITE C-1

TAMPA, FL 336346334

DOCUMENT / NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT / NAME
STREET ADDRESS

U00000858846 04/01/08-80061-010 500.00

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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Kristopher Hoover, Pr

President

813-887-8859

Daytime Phone