



**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000409</b> 1. Entity Name <b>LANDSTAR COMMERCIAL INVESTMENTS LTD., NO. 2</b>					
Principal Place of Business <b>550 BILTMORE WAY, SUITE 1110</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>550 BILTMORE WAY, SUITE 1110</b> <b>CORAL GABLES, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02112004    Chg-LP    CR2E003 (10/03)	
Zip    Country		Zip    Country		4. FEI Number <b>65-0411444</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSA ECKSTEIN SCHECHTER</b> <b>550 BILTMORE WAY, STE #1110</b> <b>CORAL GABLES, FL 33134</b>			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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record <b>\$4,355,250.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>S02381</b> NAME <b>LANDSTAR CENTERS, INC.</b> STREET ADDRESS <b>550 BILTMORE WAY, SUITE 1110</b> CITY- ST- ZIP <b>CORAL GABLES, FL 33134</b>			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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____ <div style="text-align: right; font-size: 1.2em;">4-15-04</div>		

STAPLE CHECK HERE

Rodolfo Stern

(305) 461-3190