
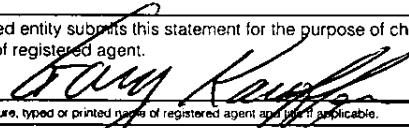



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001855 1. Entity Name THE KAUFFMAN FAMILY PARTNERSHIP #2, LTD.					
Principal Place of Business 455 LONGBOAT CLUB ROAD, APT. #PH-4 LONGBOAT KEY, FL 34228			Mailing Address 711 S OSPREY AVE SUITE 1 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0664805	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFFMAN, MARK S 455 LONGBOAT CLUB ROAD, APT. #PH-4 LONGBOAT KEY, FL 34228			7. Name and Address of New Registered Agent Name KAUFFMAN, GARY ESQ. Street Address (P.O. Box Number is Not Acceptable) 1990 MADON ST, STE 700 City SARASOTA FL Zip Code 34236		
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 date if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000091636 KAUFFMAN PROPERTIES CORPORATION-TWO 455 LONGBOAT CLUB ROAD, APT. #PH-4 LONGBOAT KEY, FL 34228		STREET ADDRESS CITY-ST-ZIP	400101976104 05/09/07--01048--007 **500.00	
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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: 			4/20/07 941-313-3220		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



04122007 Chg-LP CR2E003 (12/06)

Applied For
 Not Applicable

STAPLE CHECK HERE