


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001541					
1. Entity Name HAKIM TWO FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1210 US HWY 19 STE. 4 HOLIDAY, FL 34690			Mailing Address 1210 US HWY 19 STE. 4 HOLIDAY, FL 34690		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3459823				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAKIM, JEAN 34350 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE					
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P99000013616		STREET ADDRESS	U00000230153	
NAME	NEW ERA MANAGEMENT, INC.		CITY-ST-ZIP	02/15/05 00030 023 535.00	
STREET ADDRESS	34350 U.S. HIGHWAY 19 NORTH				
CITY-ST-ZIP	PALM HARBOR, FL 34684				
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP					
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: _____			2/4/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE