


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000002021 1. Entity Name TSCPR FAMILY PARTNERSHIP #2, LTD.						<div style="transform: rotate(-15deg);"> FILED 05 APR 29 PM 5:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Mailing Address C/O THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-3470770 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04092005 Chg-LP CR2E003 (10/03)			
6. Name and Address of Current Registered Agent SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$1,000,000.00				10. Amount of Capital Contributions in FLORIDA to date. 99.00			
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 #	P97000081031			STREET ADDRESS			
NAME	TSCPR FLORIDA, INC.			CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> 100054753774 05/19/05--01005--008 **150.00 </div>		
STREET ADDRESS	5858 CENTRAL AVENUE			STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG, FL 33707			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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/05

Date

727-384-6000

Daytime Phone #

CRAIG SHER, VICE-PRESIDENT

STAPLE CHECK HERE