



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A97000002021 1. Entity Name TSCPR FAMILY PARTNERSHIP #2, LTD.						FILED 08 APR 30 AM 8:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
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 - No P.O. Box #		3. Mailing Address		02282008 Chg-LP CR2E003 (12/06)		4. FEI Number 59-3470770	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
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 SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33707			
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-24-08			
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 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			
STREET ADDRESS	5858 CENTRAL AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33707			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <i>[Signature]</i> RONALD P. WHEELER				Date 4/24/08 Daytime Phone # 727-384-6000			

STAPLE CHECK HERE