

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002737					
1. Entity Name SIMPKINS FAMILY PARTNERSHIP #2, LTD.					
Principal Place of Business 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926			Mailing Address 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent VANI, THOMAS A 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926				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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$375,000.00			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 #	J53041		STREET ADDRESS		
NAME	S & S ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 500		CITY-ST-ZIP		
CITY-ST-ZIP	COCOA, FL 32926		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: _____ <i>DeWani</i>			Date: <u>4/14/05</u> (321) Daytime Phone #: <u>634-0200</u>		

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04122005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3482008 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 Daytime Phone #: 634-0200