## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A97000002737

Entity Name

SIMPKINS FAMILY PARTNERSHIP #2, LTD.



FILED Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926

Mailing Address

400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926



03052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3482008

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANI, THOMAS A 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926 DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 flied to change a general partner.

NOTE: General Partners MAY NOT be changed on ti		
12,	GENERAL PARTNER INFORMATION	T
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J53041 S & S ENTERPRISES, INC. 400 HIGH POINT DRIVE, SUITE 500 COCOA, FL 32926	
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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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PRINTER

3/18/08

Daytime Phone #

שחשה אטמהט