

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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

DOCUMENT # A97000002738

1. Entity Name
SHERIFF 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**



DO NOT WRITE IN THIS SPACE

03052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3486222

Applied For

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 Florida. 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 filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **J53041**
NAME **S&S ENTERPRISES, INC.**
STREET ADDRESS **400 HIGH POINT DRIVE, SUITE 500**
CITY-ST-ZIP **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:

Thomas A. Vani
T. A. VANI

3/18/08

Date

Daytime Phone #