


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:50

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A99000000953	
1. Entity Name GAETA LIMITED PARTNERSHIP #2	

Principal Place of Business 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	Mailing Address 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403
---	---

2. Principal Place of Business 5220 Hood Road Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip 33418	3. Mailing Address 5220 Hood Road Suite, Apt. #, etc. Suite 100 City & State Palm Beach Gardens, FL Zip 33418
---	---




04042006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0922574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEIL J. GAETA 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name Gaeta, Neil J. Street Address (P.O. Box Number is Not Acceptable) 5220 Hood Road, Suite 100 City Palm Beach Gardens FL Zip Code 33418
---	--

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  **Managing Member of Gaeta LLC #2,
General Partner** DATE **4/4/06**

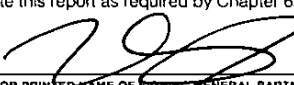
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # L00000011889	NAME GAETA LLC #2	STREET ADDRESS 5220 Hood Road, Suite 100	
STREET ADDRESS 3555 NORTHLAKE BLVD.		CITY-ST-ZIP Palm Beach Gardens, FL 33418	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33403			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

600075014186
05/22/06--01011--019 **500.00

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:  **Managing Member of Gaeta LLC #2,
General Partner** DATE **4/4/06** (561) 627-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE