2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B06000000027 07 JAN 23 AM 9:21 PLANTATION PROPERTIES NO. 2, LTD. Principal Place of Business Mailing Address 301 VETERANS BLVD 301 VETERANS BLVD DENHAM SPRINGS, LA 70726 DENHAM SPRINGS, LA 70726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIGHTOWER, DAVID 501 COMMENDENCIA STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32502 City Zip Code FL 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, 2007, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS QUIRK, GENE OUR NAME STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP CITY-ST-ZIP DENHAM SPRINGS, LA 70726 DOCUMENT / STREET ADDRESS NAME QUIRK, CYNTHIA S STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP CITY-ST-ZIP DENHAM SPRINGS, LA 70726 DOCUMENT # STREET ADORESS STEPHENSON, BARBARA H TRUSTEE NAME STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP 900086232009 01/25/07--01040--015 **500.00 CITY-ST-ZIP DENHAM SPRINGS, LA 70726 DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 empoyered to execute this report as required by Chapter 620, Florida Statutes

Daytime Phone #