


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B06000000027 1. Entity Name PLANTATION PROPERTIES NO. 2, LTD.					
Principal Place of Business 301 VETERANS BLVD DENHAM SPRINGS, LA 70726			Mailing Address 301 VETERANS BLVD DENHAM SPRINGS, LA 70726		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

FILED

08 JAN 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	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 HIGHTOWER, DAVID 501 COMMENDENCIA STREET PENSACOLA, FL 32502	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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	13. ADDRESS CHANGES ONLY
DOCUMENT # _____ NAME QUIRK, GENE O JR STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP DENHAM SPRINGS, LA 70726	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME QUIRK, CYNTHIA S STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP DENHAM SPRINGS, LA 70726	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME STEPHENSON, BARBARA H TRUSTEE STREET ADDRESS 301 VETERANS BLVD CITY-ST-ZIP DENHAM SPRINGS, LA 70726	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____

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:  1-16-08 225-664-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER