## -2006 LIMITED LIABILITY COMPANY

## **FILED** Feb 16. 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # L04000092 ARTNERS 2, LLC	708		Secre	iary of State	
Principal Place 2032 HILLVII SARASOTA, F	EW STREET	Mailing Address 2032 HILLVIEW STREET SARASOTA, FL 34239			B NEWTO HANG SEBUK BASEN PENBER ITS SEBUS	
DO NOT WRITE IN THIS SPACE			<b>^</b>	02132006No Chg-LLC CR2E083 (11/05)		
			CE	4. FEI Number 20-2040374	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional	
	6. Name and Address of Current	Registered Agent		1		
LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE			
signature_	named entity submits this statement to ions of registered agent.  Signature, typed or printed name of registered agent.  Iling Fee Is \$50.00  up by May 1, 2006		red office or register	red agent, or both, in the State of Florida when reliability)	I am familiar with, and accept	
8.	MANAGING MEMBE	DEMANAGERE	· · · · · · · · · · · · · · · · · · ·	<u>!J000</u> 004	<del>135983</del> 80018-011 55.00	
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MGRM POPIELINSKI, JAMES G. 2032 HILLVIEW STREET SARASOTA, FL 34239		-	DO NOT WR	RITE	
CITY-ST-ZIP  SINLE NAME STREET ADDRESS						

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - 23P

URE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE