2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8

FILED
Jun 28, 2006 8:00 am
Secretary of State

05-08-2006 90035 013 ****50.00

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1. Entity Name
FLORIDA INCOME PROPERTIES #2, LLC

Principal Place of Business	Mailing Address
1900 MAIN STREET SUITE 300 SARASOTA, FL 34236	1900 MAIN STREET SUITE 300 SARASOTA, FL 34236

30011348

05032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
2801 Fruitville Rd		2801 Fruitville Rd	
Suite, Apt. #, etc.: Ste 160		Suite, Apt. #, etc.: Ste 160	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34237	Country: USA	Zip: 34237	Country: USA

4. FEI Number 65-1065831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELISSA K. RICE,P.A. 1900 MAIN STREET SUITE 300 SARASOTA, FL 34236 2801 Fruitville Rd Ste 160 Sarasota, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNBELT 2 PROPERTIES MANAGEMENT, LLC 22144 CLARENDON STREET SUITE 240 WOODLAND HILLS, CA 91367	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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: [signature] 6/9/06 941 954 1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #