


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90194 044 \*\*\*150.00

**DOCUMENT # P95000091636**

1. Entity Name  
**KAUFFMAN PROPERTIES CORPORATION-TWO**



Principal Place of Business  
**455 LONGBOAT KEY ROAD #PH-4  
 LONGBOAT KEY, FL 34228**

Mailing Address  
**711 S OSPREY AVE  
 SUITE 1  
 SARASOTA, FL 34236**

**40082731**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0635923**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KAUFFMAN, MARK S  
 455 LONGBOAT KEY ROAD #PH-4  
 LONGBOAT KEY, FL 34228~~

7. Name and Address of New Registered Agent

Name **KAUFFMAN, GARY ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**1990 MAIN ST, STE 700**

City **SARASOTA** FL Zip Code **34236**

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]* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, MARK S	
STREET ADDRESS	455 LONGBOAT KEY ROAD #PH-4	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, IRENE E	
STREET ADDRESS	455 LONGBOAT KEY ROAD #PH-4	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/26/07** **941-383-3220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #