
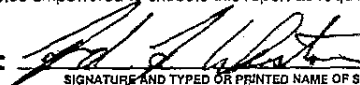


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A14770					
1. Entity Name CAPE CORAL DEVELOPMENTAL CENTER, LTD.					
Principal Place of Business %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, SUITE 100 TAMPA, FL 33606			Mailing Address %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, SUITE 100 TAMPA, FL 33606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent WESTON, HOWARD %FREDERICK J MILLS, ATTY. 1200 W PLATT ST, #100 TAMPA, FL 33606			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,400.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	F70956			STREET ADDRESS	
NAME	NATIONAL HEALTH CARE SERVICES, INC.			CITY-ST-ZIP	
STREET ADDRESS	1200 W PLATT ST, #100				
CITY-ST-ZIP	TAMPA, FL 33606				
DOCUMENT #				STREET ADDRESS	U80000295018
NAME				CITY-ST-ZIP	04/09/05-80011-007 141.25
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date: 4/2/05 Daytime Phone #: 404/495-9499	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HOWARD H. WESTON					

STAPLE CHECK HERE