


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 14 AM 11:18

DOCUMENT # A14770

1. Entity Name
 CAPE CORAL DEVELOPMENTAL CENTER, LTD.




Principal Place of Business Mailing Address

%FREDERICK J MILLS, ATTY.
 1200 W PLATT ST, SUITE 100
 TAMPA, FL 33606

%FREDERICK J MILLS, ATTY.
 1200 W PLATT ST, SUITE 100
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



01202006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2536179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTON, HOWARD
 %FREDERICK J MILLS, ATTY.
 1200 W PLATT ST, #100
 TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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, 2006, 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

DOCUMENT #	F70956
NAME	NATIONAL HEALTH CARE SERVICES, INC.
STREET ADDRESS	1200 W PLATT ST, #100
CITY-ST-ZIP	TAMPA, FL 33606
DOCUMENT #	
NAME	
STREET ADDRESS	
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 02/28/06--01016--003 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Howard Weston 2/1/06 404/495-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #