


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A14770 1. Entity Name CAPE CORAL DEVELOPMENTAL CENTER, LTD.	
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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
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-LP CR2E003 (12/06)

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

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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, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	F70956 NATIONAL HEALTH CARE SERVICES, INC. 1200 W PLATT ST, #100 TAMPA, FL 33606
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 03/06/07-80039-011 500.00

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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 H. Weston HOWARD H. WESTON 2/20/07 404/495-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #