


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Mar 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0300000859

1. Entity Name
FAUSEL SECOND FLORIDA LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
5500 OCEAN SHORE BOULEVARD, SUITE 100 **PO BOX 2975**
ORMOND BEACH FL 32176 **ORMOND BEACH FL 32175-2975**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number Applied For
56-2354735 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLIS, EDWARD A
MILLIS AND JENKINS P.A.
1414 W. GRANADA BLVD., #4
ORMOND BEACH FL 32174**

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 \$80,000 Returned DATE

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$198,000.00 10. Amount of Capital Contributions in FLORIDA to date. 118,000 -

**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 #	FAUSEL, WALTER H
NAME	5500 OCEAN SHORE BOULEVARD, SUITE 100
STREET ADDRESS	ORMOND BEACH FL 32176
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000255267
CITY-ST-ZIP	03/08/05-80006-008 535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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: *Walter H. Fausel* **WALTER H. FAUSEL** Feb 21, 2005 386-383-0558

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