

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000859

FILED
Apr 18, 2011
Secretary of State

Entity Name: FAUSEL SECOND FLORIDA LIMITED PARTNERSHIP

Current Principal Place of Business:

5500 OCEAN SHORE BOULEVARD, SUITE 100
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

PO BOX 2975
ORMOND BEACH, FL 321752975

New Mailing Address:

FEI Number: 56-2354735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JENKINS, T. BRENT
1414 W. GRANADA BLVD., #2
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #:

Name: FAUSEL, WALTER H

Address: 5500 OCEAN SHORE BOULEVARD, SUITE 100

City-St-Zip: ORMOND BEACH, FL 32176

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: T. BRENT JENKINS

RA

04/18/2011

_____ Electronic Signature of Signing General Partner

_____ Date