

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292005 Chg-LP CR2E003 (10/03)	
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				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		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
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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: Howard H. Weston **DATE:** 4/2/05 **DAYTIME PHONE #:** 404/495-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HOWARD H. WESTON