


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A32496		
1. Entity Name FAUSEL CAPE CORAL LIMITED PARTNERSHIP		

Principal Place of Business 5500 OCEAN SHORE BLVD. SUITE 100 ORMOND BEACH FL 32176	Mailing Address P.O. BOX 2975 ORMOND BEACH FL 32175-2975
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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 (10/05)

4. FEI Number 59-3105151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLIS, EDWARD A 1414 WEST GRANADA BLVD., #4 ORMOND BEACH FL 32174
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	FAUSEL, WALTER H	STREET ADDRESS	
NAME	5500 OCEAN SHORE BL, #100	CITY- ST- ZIP	
STREET ADDRESS	ORMOND BEACH FL 32176		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
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05/06/06-80122-002 508.75

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: WALTER H. FAUSEL, General Partner **4-21-06**
386-441-1819

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