2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Feb 09, 2007 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

1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

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

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 59-3105151 — Applied For / Not Applicable

5. Certificate of Status Desired X — **$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

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, 2007, 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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	FAUSEL, WALTER H 5500 OCEAN SHORE BL,#100 ORMOND BEACH FL 32176	STREET ADDRESS CITY-ST-ZIP	U00000630394 02/20/07-80005-004 508.75
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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

Walter H. Fausel, General Partner — Feb 1, 2007

SIGNATURE: WALTER H. FAUSEL, General Partner — 386-383-0558

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