

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A32496

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** FAUSEL CAPE CORAL LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5500 OCEAN SHORE BLVD.  
SUITE 100  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2975  
ORMOND BEACH, FL 321752975

**New Mailing Address:**

**FEI Number:** 59-3105151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JENKINS, T. BRENT  
1414 WEST 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 BL.#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