

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000000859

Entity Name: FAUSEL SECOND FLORIDA LIMITED PARTNERSHIP

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 2975
ORMOND BEACH, FL 32175-2975

FEI Number: 56-2354735

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENKINS, T. BRENT
265 CLYDE MORRIS BLVD.
SUITE 300
ORMOND BEACH, FL 32174 US

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 Detail :

Document #

Name FAUSEL, WALTER H

Address 5500 OCEAN SHORE BOULEVARD,
SUITE 100

City-State-Zip: ORMOND BEACH FL 32176

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALTER H FAUSEL

GENERAL PARTNER

04/04/2017

_____ Electronic Signature of Signing General Partner Detail

_____ Date