

**2019 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

GP

03/05/2019

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date