

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 MAY -7 AM 8:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # A03000001395**  
 1. Entity Name  
**FLORIDA CAPITAL - HOUSTON, LTD.**

Principal Place of Business      Mailing Address  
**300 INTERNATIONAL PARKWAY, SUITE 130**      **300 INTERNATIONAL PARKWAY, SUITE 130**  
**HEATHROW, FL 32746**      **HEATHROW, FL 32746**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082004      Chg-LP      CR2E003 (10/03)

4. FEI Number		Applied For	
<b>20-0262508</b>		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SELBY, C. THOMAS</b> <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> <b>HEATHROW, FL 32746</b>		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.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	<b>L03000036616</b>	STREET ADDRESS	
NAME	<b>FLORIDA CAPITAL - HOUSTON, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>300 INTERNATIONAL PARKWAY, SUITE 130</b>		
CITY-ST-ZIP	<b>HEATHROW, FL 32746</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

**000035797520**  
 05/10/04--01034--001 \*\*141.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/21/04** **(407) 333-1604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #