2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

HERE

CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A03000001395** 1. Entity Name 06 MAR -3 AM 9: 49 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 3. Mailing Address 300 International Pkwy 2 Principal Place of Business 300 International Pkwy Suite, Apt. #, etc.
Suite 300 Suite, Apt. #. etc. Suite 300 01072006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 20-0262508 Heathrow, Not Applicable Heathrow, Country Country Zip 32746 \$8.75 Additional 5. Certificate of Status Desired 32746 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Selby, C. Thomas SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable 300 International Pkwy 300 INTERNATIONAL PARKWAY, SUITE 130 Suite 300 HEATHROW, FL 32746 Zip Code 32746 Heathrow, 8. The above named entity submits this statement for the purpose of changing its registered registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. L03000036616 DOCUMENT # STREET ADDRESS 300 International Pkwy Suite3300 NAME FLORIDA CAPITAL - HOUSTON, LLC 300 INTERNATIONAL PARKWAY, SUITE 130 STREET ADDRESS CITY+ST+ZIP CITY-ST-ZIP HEATHROW, FL 32746 Heathrow, Fl. 32746 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 900068091409 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - SE - ZIP DOCUMENT # STREET ADORESS NAME . STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions pontained 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 regal effect as if made under oath; that Lam a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 600 Florida Statutes.