
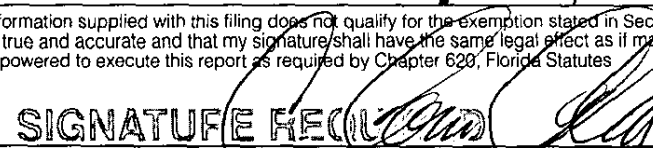


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007802

<b>DOCUMENT # A99000001851</b>				<b>FILED</b> 03 APR 30 AM 11: 03 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name <b>FLORIDA CAPITAL HOTEL PARTNERS III, LTD.</b>		Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746</b>		Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746</b>	
2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3614635</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$100.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>P99000098798</b> NAME <b>EPI HOTEL PARTNERS THREE, INC.</b> STREET ADDRESS <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> CITY-ST-ZIP <b>HEATHROW FL 32746</b>			STREET ADDRESS CITY-ST-ZIP <b>04/30/03--01075--003 **141.25</b> <b>800017584008</b> <b>04/30/03--01075--003 **141.25</b>		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____					

4/30

STAPLE CHECK HERE

CR2E003 (10/02)