

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000017554
 1. Entity Name
 FLORIDA CAPITAL HOTEL PARTNERS THREE LEASING, LLC



Principal Place of Business Mailing Address
 359 CAROLINA AVE. 359 CAROLINA AVE.
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For
 59-3614635 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 DOWNING, GRANT T
 222 WEST COMSTOCK AVE., STE. 101
 WINTER PARK, FL 32789

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8. The above named entry 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 _____ (NOTE: Registered Agent signature required when translating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLORIDA CAPITAL HOTEL PARTNERS THREE, LLC
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08 407-644-9055
 Date Daytime Phone #