

**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

**359 CAROLINA AVE.
WINTER PARK, FL 32789**

Mailing Address

**359 CAROLINA AVE.
WINTER PARK, FL 32789**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614635

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOWNING, GRANT T
222 WEST COMSTOCK AVE., STE. 101
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000936064

05/23/08 00036-018-138.75

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**

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CITY-ST-ZIP**

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IN THIS SPACE**

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 #