


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

<b>DOCUMENT # A02000001360</b> 1. Entity Name <b>FLORIDA CAPITAL HOTELS (2003), LTD.</b>	
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Principal Place of Business <b>300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04212004	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>55-0806777</b>	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**FILED**  
2004 MAY -4 P 4:  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

<b>6. Name and Address of Current Registered Agent</b>  <b>SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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. <b>\$20,000,000.00</b>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L02000026884 FCLC HOTELS (2003), LLC 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>05/04/04--01032--011 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>800035407158 05/04/04--01032--011 **526.25</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 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:**  **4/21/2004 (407) 333-1604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE