


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A02000001360	
1. Entity Name FLORIDA CAPITAL HOTELS (2003), LTD.	

Principal Place of Business 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 date if applicable

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L02000026884	STREET ADDRESS	
NAME	FCLC HOTELS (2003), LLC	CITY-ST-ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 130		
CITY-ST-ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	U00000367902
NAME		CITY-ST-ZIP	05/16/05-80016-023 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: C. Thomas Selby 4-25-05 417-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone If