2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	DOCUMENT #A0200001360 1. Entity Name FLORIDA CAPITAL HOTELS (2003), LTD.									DIVISION (FILEL TARY OF OF COR	D OF STATE PORATION 19:48	IS	
	Principal Place 300 INTERNA HEATHROW, I	ATIONAL PA	s RKWAY, STE. 130	:	Mailing Address 300 INTERNATIONAL HEATHROW, FL 327	Y, STE. 130	0							
Ţ	Principal Place of Business 3. Mailing Address 300 International Pkwy 300 International							-						
Ī	Suite, Apt.		<u>.</u>		Suite, Apt. #, etc.				01112006 Chg-LP CR2E003 (11/05)					
	Suite 300 City & State	0		Su	Suite 300 City & State				4. FEI Number				ed For	
ļ	leathrow, FL.			He	Heathrow, FL				55-08067	777			pplicable	
[32746	6 USA		32	21p 2746	USA	ntry 		5. Certificate of			\$8.75 Additional Fee Required	onal	
F	6. Name and Address of Current			urrent Regi				7. Name and Address of New Registered Agent						
	SELBY, C. THOMAS					Selby, C. Thomas Street Address (P.O. Box Number is Not Acceptable)								
	300 INTERNATIONAL PARKWAY, STE. HEATHROW, FL 32746			51E. 13U			Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300				•			
							City					Zin Code		
-	The above named entity submits this statement for the purpose of changing its up						Heathrow FL 32746						d noont	
	 The above named entity submits this statement for the purpose of changing its regist the obligations of registered agent. 								ed agent, or both,	C T	iloa. Falir		o accept	
	SIGNATURE							9	C Tho	massel	boy DATE	$\propto \Im \phi_0$	6	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00													
		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.												
ļ	12. GENERAL PARTNER INFORMATION							· · ·		ADDRESS CH				
	DOCUMENT # NAME	FCLC HC	26884 OTELS (2003), LLC	;	STR			300 Ir	nternational F	kwy Suite 3	00			
	STREET ADDRESS 300 INTERNATIONAL PARKWAY CITY-ST-ZIP HEATHROW, FL 32746				TE. 130	(-\$1-7IP								
-	DOCUMENT /	AENT /					STREET ADDRESS		row, FL. 327	40				
	NAME STREET ADDRESS CITY-ST-ZIP						r-St-ZIP	-) <u>0</u> 068	::::::::::::::::::::::::::::::::::::::	1329		
	DOCUMENT /					STE	EET ADORESS		08/20	7 /06 010	! 2 - 02	2 **500	.00	
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STAPLE	DOCU ∯ENT / NAME •					STF	EET ADDRESS							
	STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP							
	14. I hereby certify that the information supplied with this filling 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 triflect 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 628. Florida Statutes											ormation dnership		
	SIGNAT	URE:	SIGNATURE AND I	YPED OR PRIN	TED NAME OF SIGNING GEN	IERAL PARTA	IER .	<u>/</u>	~ \tilde{\infty}	-20-06 Dale	<u> 40°</u>)-333-16 Daytime Phone II	₽	