2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT #A02000001360

1. Entity Name

FLORIDA CAPITAL HOTELS (2003), LTD.



FILED Mar 30, 2007 08:00 AM Secretary of State

Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746 Mailing Address 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01092007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot the obligations of registered agent 	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.	

GENERAL PARTNER INFORMATION 12. L02000026884 DOCUMENT # NAME FCLC HOTELS (2003), LLC STREET ADDRESS 300 INTERNATIONAL PARKWAY, STE. 300 CITY-ST-ZIP HEATHROW, FL 32746 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

U00000684410 04/06/07-80032-006 500.00

DO NOT WRITE IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empayered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-1-0) 403-333-1604

Date

Daytime Phone #