


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007903 AT

<b>DOCUMENT #</b> A02000001360 1. Entity Name <b>FLORIDA CAPITAL HOTELS (2003), LTD.</b>	
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FILED

03 MAY -9 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>55-080677</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</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	STREET ADDRESS CITY-ST-ZIP
<b>L02000026884</b> <b>FCLC HOTELS (2003), LLC</b> <b>300 INTERNATIONAL PARKWAY, STE. 130</b> <b>HEATHROW FL 32746</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	<b>300018677353</b> <b>05/09/09--01092--011 #141.25</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:** SIGNATURE *[Signature]* **4-21-03** **407-333-1604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)