

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

DOCUMENT # A03000000389

1. Entity Name  
FLORIDA CAPITAL APARTMENTS-TAMPA, LTD.



**FILED**

2004 MAY -4 P 4: 03

SECRETARY OF STATE  
FLORIDA



04082004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1178865** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SELBY, C. THOMAS  
300 INTERNATIONAL PARKWAY, SUITE 130  
HEATHROW, FL 32746

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

9. 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. **\$100.00**  
10. Amount of Capital Contributions in FLORIDA to date. **\$7,150,000.00**

**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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **L03000008944**  
NAME **FCLC TAMPA, LLC**  
STREET ADDRESS **300 INTERNATIONAL PARKWAY, SUITE 130**  
CITY-ST-ZIP **HEATHROW, FL 32746**

STREET ADDRESS  
CITY-ST-ZIP  
**900035407149**  
**05/04/04--01032--010 \*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/21/2004**  
Date

**(407) 333-1604**  
Daytime Phone #

STAPLE CHECK HERE