



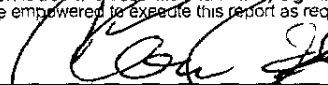
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A03000000389 1. Entity Name FLORIDA CAPITAL APARTMENTS-TAMPA, LTD.					
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746			Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		01052005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-1178865	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 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		
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 _____ <small>Signer is typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$7,150,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		STREET ADDRESS		
NAME	FCLC TAMPA, LLC		CITY - ST - ZIP		
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130		000000357009 05/16/05-80018-030-528.25		
CITY - ST - ZIP	HEATHROW, FL 32746		STREET ADDRESS		
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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)(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** 40505 407-333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date
Daytime Phone #