



**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			3. Mailing Address				
Suite, Apt #, etc.			Suite, Apt #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
			01052005	Chg-LP	CR2E003 (10/03)		
4. FEI Number 65-1178865				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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
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	000000357009 05/16/05-80018-030 528.25			
NAME	FCLC TAMPA, LLC		CITY - ST - ZIP				
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130						
CITY - ST - ZIP	HEATHROW, FL 32746						
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
STREET ADDRESS							
CITY - ST - ZIP							
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP				
STREET ADDRESS							
CITY - ST - ZIP							
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: 			42505		407-333-1604		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		

STAPLE CHECK HERE