## 2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A03000000389** 1. Entity Name 06 MAR -3 AM 9: 49 FLORIDA CAPITAL APARTMENTS-TAMPA, LTD. Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 300 International Pkwy 3. Mailing Address 300 International Pkwy Suite, Apt. #, etc. Suite 300 Suite, Apt. #, etc. Suite 300 01072006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-1178865 Heathrow, Heathrow, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32746 32746 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selby c. Thomas SELBY, C. THOMAS et Address (P.O. Box Number is Not Acceptable) 00 International Pkwy 300 INTERNATIONAL PARKWAY, SUITE 130 Suite 300 HEATHROW, FL 32746 Zip Code 32746 purpose of changing its egistered office 8. The above named entity submits this statement for istered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 06 Signature, typed or printed name of registered agent and title if applic FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 13. ADDRESS CHANGES ONLY 12. L03000008944 DOCUMENT # STREET ADDRESS 300 International Pkwy Suite 300 NAME FCLC TAMPA, LLC 300 INTERNATIONAL PARKWAY, SUITE 130 Heathrow, Fl. 32746 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HEATHROW, FL 32746 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100068091551 CITY - ST - ZIP CITY-ST-ZIP 03/20/06--01012--028 \_\_**\*\***500\_00 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME\_ STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 it plade 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, Figure Statutes

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