


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A03000001073					
1. Entity Name FLORIDA CAPITAL APARTMENTS - HOUSTON, 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	4. FEI Number 20-0229332	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00		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 # L03000027628	NAME FCLC HOUSTON, LLC		STREET ADDRESS	_____	
STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130	CITY-ST-ZIP HEATHROW, FL 32746		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	CITY-ST-ZIP _____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	CITY-ST-ZIP _____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	CITY-ST-ZIP _____		CITY-ST-ZIP	_____	
DOCUMENT # _____	NAME _____		STREET ADDRESS	_____	
STREET ADDRESS _____	CITY-ST-ZIP _____		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: _____			_____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-0229332

Applied For
 Not Applicable

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

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 _____

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

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	
DOCUMENT #	L03000027628
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STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130
CITY-ST-ZIP	HEATHROW, FL 32746
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SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date _____ Daytime Phone # _____

STAPLE CHECK HERE