

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:48

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
 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
 Heathrow, Fl.

City & State
 Heathrow, Fl.

4. FEI Number
 20-0229332

Applied For
 Not Applicable

Zip
 32746

Country
 USA

Zip
 32746

Country
 USA

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
 Selby, C. Thomas
 Street Address (P.O. Box Number is Not Acceptable)
 300 International Pkwy Suite 300

City
 Heathrow, FL Zip Code
 32746

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L03000027628
 NAME FCLC HOUSTON, LLC
 STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130
 CITY-ST-ZIP HEATHROW, FL 32746

STREET ADDRESS 300 International Pkwy Suite 300
 CITY-ST-ZIP Heathrow, Fl. 32746

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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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 #

STAPLE CHECK HERE

C. Thomas Selby
 2-20-06 407-333-1604