2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A0400000322** FLORIDA CAPITAL APARTMENTS - 2004, LTD. 06 MAR -3 AM 11: 04 Mailing Address Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address 300 International Pkwy 300 International Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 CR2E003 (11/05) Suite 300 Suite 300 City & State City & State 4. FEI Number 20-0816742 Applied For Héathrow, Heathrow, APPLIED FOR Fl. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32746 Fee Required USA 32746 **IISA** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selby, C Thomas SELBY, C. THOMAS Address (P.O. Box Number is Not Acceptable) 0 International Pkwy Suite 300 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 Zip Code Heathrow 8. The above named entity submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. Signature, typed or printed name of re 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 ADDRESS CHANGES ONLY 12. L04000015801 DOCUMENT / STREET ADDRESS 300 International Pkwy Suite 300 FCLC APARTMENTS 2004, LLC 300 INTERNATIONAL PARKWAY, SUITE 130 STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP Heathrow, Fl. 32746 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY+ST-ZIP 500068091935 CITY-ST-ZIP 03/28/06 - 01013 - 008 - DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREE#ADDRESS CITY-ST-ZIP CITY-41-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 another many 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 220, Florida Statutes

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