2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STALE **DOCUMENT # A04000001988** DIVISION OF CORPORATIONS FLORIDA CAPITAL INVESTMENT PARTNERS, LTD. 06 MAR -3 AH 9: 48 Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY STE, 130 300 INTERNATIONAL PARKWAY STE. 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 01112006 Chg-LP CR2E003 (11/05) Suite 300 Suite 300 City & State City & State Applied For 4. FEI Number Heathrow, FL Heathrow, FL 20-2011154 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32746 USA 32746 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Christy, Katherine A CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY STE. 130 Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 HEATHROW, FL 32746 City Heathrow 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 registers Z0-66 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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. 13. 1.04000090248 DOCUMENT # STREET ADDRESS 300 International Pkwy Suite 300 NAME FCLC INVESTMENT, LLC STREET ADDRESS 300 INTERNATIONAL PARKWAY STE. 130 CITY-ST-ZIP CITY-ST-ZIP HEATHROW, FL 32746 Heathrow, FL. 32746 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100068091301 CITY-ST-ZIP CITY-\$T-ZIP 03/20/06--01012--021 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-Si-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 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

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