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

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000001594** FLORIDA CAPITAL REAL ESTATE PARTNERS 25, LTD. 06 MAR -3 AM 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 4. FEI Number Applied For Heathrow, FL Heathrow, FL 59-3381828 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32746 USA 32746 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 registered ed aneat and title d analicable 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 12. ADDRESS CHANGES ONLY 13. 1.05000079530 DOCUMENT # STREET ADDRESS 300 International Pkwy Suite 300 FCLC 25, LLC NAME 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 CITY-ST-ZIP CITY-ST-ZIP 400058991294 DOCUMENT # -03/20/06--01012--020 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE 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 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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