

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR -5 AM 9:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #A0600000279

1. Entity Name
 FLORIDA CAPITAL REAL ESTATE PARTNERS 26, LTD



Principal Place of Business
 300 INTERNATIONAL PARKWAY, STE. 300
 HEATHROW, FL 32746

Mailing Address
 300 INTERNATIONAL PARKWAY, STE. 300
 HEATHROW, FL 32746

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01092007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-4342581

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

CHRISTY, KATHERINE A
 300 INTERNATIONAL PARKWAY, STE. 300
 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 _____

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
DOCUMENT #	L06000018178
NAME	FCLC 26, LLC
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 300
CITY-ST-ZIP	HEATHROW, FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500096506285
CITY-ST-ZIP	04/11/07--01038--011 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: _____ DATE: 3-1-07 DAYTIME PHONE #: 407-333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER