

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:48

DOCUMENT # A94000001144

1. Entity Name
FLORIDA CAPITAL INCOME FUND, LTD.



Principal Place of Business
3570 US HWY 98 N
LAKELAND, FL 33809

Mailing Address
3570 US HWY 98 N
LAKELAND, FL 33809

2. Principal Place of Business
109 West Commercial St.

3. Mailing Address
109 West Commercial St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-LP CR2E003 (10/03)

City & State
Sanford, Florida

City & State
Sanford, Florida

4. FEI Number
59-2167896

Applied For
Not Applicable

Zip
32771

Country
USA

Zip
32771

Country
USA

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

6. Name and Address of Current Registered Agent

BARCAP REALTY SERVICES GROUP, INC.
3570 US HWY 98 N
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name
Barcap Realty Services Group, Inc.

Street Address (P.O. Box Number is Not Acceptable)

109 West Commercial Street

City Sanford

FL

Zip Code 32771

9. 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.

200055917612
06/08/05--01073--011 **141.25

DATE

9. Capital Contributions
as Shown on record. \$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P94000068023
NAME BARON CAPITAL II, INC.
STREET ADDRESS 3570 US HWY 98 N
CITY-ST-ZIP LAKELAND, FL 33809

13. ADDRESS CHANGES ONLY

STREET ADDRESS 109 West Commercial Street
CITY-ST-ZIP Sanford, Florida 32771

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

APR 29 2005

407-688-7762

Date

Daytime Phone #

STAPLE CHECK HERE