


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:36

DOCUMENT # A99000001851 1. Entity Name FLORIDA CAPITAL HOTEL PARTNERS III, LTD.	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 300</i>	Suite, Apt. #, etc. <i>Suite 300</i>	
City & State	City & State	
Zip	Country	Zip



01072006	Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3614635		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>300 International Parkway, Suite 300</i> City FL Zip Code
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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, 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.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P990000098798 NAME EPI HOTEL PARTNERS THREE, INC. STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130 CITY-ST-ZIP HEATHROW, FL 32746	STREET ADDRESS <i>300 International Parkway, Suite 300</i> CITY-ST-ZIP
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
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 04/10/06 01024 005 **500.00

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: _____ *[Signature]* *2/22/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #