


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 16, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A99000001853					
1. Entity Name FLORIDA CAPITAL HOTEL PARTNERS (DALLAS), LTD.					
Principal Place of Business 300 INTERNATIONAL PKY., STE. 130 HEATHROW, FL 32746		Mailing Address 300 INTERNATIONAL PKY., STE. 130 HEATHROW, FL 32746			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3609932	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SELBY, C. THOMAS 300 INTERNATIONAL PKY., STE. 130 HEATHROW, FL 32746			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,750,100.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000098834		STREET ADDRESS		
NAME	FCLC HOTEL DALLAS, INC.		CITY-ST-ZIP		
STREET ADDRESS	300 INTERNATIONAL PKY., STE. 130				
CITY-ST-ZIP	HEATHROW, FL 32746				
DOCUMENT #			STREET ADDRESS	00000367003 05/16/05-80016-024 526.25	
NAME			CITY-ST-ZIP		
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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 600, Florida Statutes					
SIGNATURE: <i>C. Thomas Selby</i>		Date: 4-25-05		Daytime Phone #: 407-333-1604	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE