


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED FILED
JAN 24 2004 08:00 AM
Secretary of State
EPOCH PROPERTIES

DOCUMENT # L01000017554 1. Entity Name FLORIDA CAPITAL HOTEL PARTNERS THREE LEASING, LLC	
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Principal Place of Business 359 CAROLINA AVE. WINTER PARK FL 32789	Mailing Address 359 CAROLINA AVE. WINTER PARK FL 32789
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

4. FEI Number 59-3614635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DOWNING, GRANT T 222 WEST COMSTOCK AVE., STE. 101 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete	NAME FLORIDA CAPITAL HOTEL PARTNERS THREE, LLC STREET ADDRESS 359 CAROLINA AVE CITY-ST-ZIP WINTER PARK FL 32789
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP U00000064460 02/24/04-80013-013 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1/22/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____