2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000017554

1. Entity Name
FLORIDA CAPITAL HOTEL PARTNERS THREE LEASING, LLC

Principal Place of Business	Mailing Address
359 CAROLINA AVE.	359 CAROLINA AVE.
WINTER PARK, FL 32789	WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3614635	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 WEST COMSTOCK AVE., STE. 101
WINTER PARK, FL 32789

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

03/21/06-80014-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FLORIDA CAPITAL HOTEL PARTNERS THREE, LLC
STREET ADDRESS	359 CAROLINA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: _____ 1/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #