


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90242 040 ****50.00

DOCUMENT # L03000036616	
1. Entity Name FLORIDA CAPITAL - HOUSTON, LLC	

Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
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20010161



2. Principal Place of Business 300 International Pkwy	3. Mailing Address 300 International Pkwy
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Heathrow, Fl.	City & State Heathrow, Fl.
Zip 32746	Country USA

01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0584938	Applied For 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 SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746	
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7. Name and Address of New Registered Agent Name Selby C Thomas Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow, Fl. FL Zip Code 32746	
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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  C. Thomas Selby 2/20/06
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Selby, C Thomas 300 International Pkwy Suite 300 Heathrow, Fl. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Christy, Katherine A 300 International Pkwy Suite 300 Heathrow, Fl. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  C. Thomas Selby 2/20/06 (407)-333-1609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #