

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

<b>DOCUMENT # A99000001852</b> 1. Entity Name <b>FLORIDA CAPITAL APARTMENT PARTNERS (JACKSONVILLE), LTD.</b>	
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**FILED**

2004 MAY -4 P 4: 04

SECRETARY OF STATE



Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>
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04082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3609930</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	
<b>SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$10,100,000.00</b>
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**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 #	P99000098815	STREET ADDRESS	
NAME	FCLC JACKSONVILLE, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130		
CITY-ST-ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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 620, Florida Statutes

<b>SIGNATURE:</b> 	<b>4/21/2004</b> <small>Date</small>	<b>(407) 333-1604</b> <small>Daytime Phone #</small>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER