

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 MAY -6 PM 12: 16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000322

1. Entity Name
 FLORIDA CAPITAL APARTMENTS - 2004, LTD.



Principal Place of Business
 300 INTERNATIONAL PARKWAY, SUITE 130
 HEATHROW, FL 32746

Mailing Address
 300 INTERNATIONAL PARKWAY, SUITE 130
 HEATHROW, FL 32746



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
20-0816742

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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 PARKWAY, SUITE 130
 HEATHROW, FL 32746

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. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 | |
|---------------------------------|--------------------------------------|
| DOCUMENT # | L04000015801 |
| NAME | FCCLC APARTMENTS 2004, LLC |
| STREET ADDRESS | 300 INTERNATIONAL PARKWAY, SUITE 130 |
| CITY - ST - ZIP | HEATHROW, FL 32746 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------------|
| STREET ADDRESS | 100055721191 |
| CITY - ST - ZIP | 06/03/05-01060-004 **141.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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

SIGNATURE: C. Thomas Selby 4-25-05 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #