

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR -3 AM 9:49

DOCUMENT # A05000001227
 1. Entity Name
 FLORIDA CAPITAL BOULDER CREEK, LTD.



Principal Place of Business: 300 INTERNATIONAL PARKWAY STE 130 HEATHROW, FL 32746
 Mailing Address: 300 INTERNATIONAL PARKWAY STE 130 HEATHROW, FL 32746

2. Principal Place of Business: 300 International Pkwy
 3. Mailing Address: 300 International Pkwy
 Suite, Apt. #, etc.: Suite 300



01072006 Chg-LP CR2E003 (11/05)

City & State: Heathrow, Fl.
 Zip: 32746 Country: USA

4. FEI Number: 20-3026576
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHRISTY, KATHERINE A
 300 INTERNATIONAL PARKWAY STE 130
 HEATHROW, FL 32746

7. Name and Address of New Registered Agent
 Name: Christy, Katherine A
 Street Address (P.O. Box Number is Not Acceptable): 300 International Pkwy Suite 300
 City: Heathrow FL Zip Code: 32746

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: Katherine A. Christy DATE: 2/20/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	L05000061337
NAME	FCLC(BOULDER CREEK), LLC
STREET ADDRESS	300 INTERNATIONAL PARKWAY STE 130
CITY-ST-ZIP	HEATHROW, FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300 International Pkwy Suite 300
CITY-ST-ZIP	Heathrow, Fl. 32746
STREET ADDRESS	200068091542
CITY-ST-ZIP	02/20/06--01012--027 **500.00
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 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.
 SIGNATURE: Katherine A. Christy DATE: 2/20/06 DAYTIME PHONE #: 407-333-1604