


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:04

DOCUMENT # A0400000322
 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
 300 International Pkwy
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 300 International Pkwy
 Suite, Apt. #, etc.
 Suite 300



01072006 Chg-LP CR2E003 (11/05)

City & State
 Heathrow, Fl

City & State
 Heathrow, Fl.

Zip
 32746

Country
 USA

4. FEI Number
 APPLIED FOR 20-0816742

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 SELBY, C. THOMAS
 300 INTERNATIONAL PARKWAY, SUITE 130
 HEATHROW, FL 32746

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 Zip Code
 32746

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

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* C. Thomas Selby 2/20/06
Signature, typed or printed name of registered agent and date if applicable. DATE

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000015801	STREET ADDRESS	300 International Pkwy Suite 300
NAME	FCLC APARTMENTS 2004, LLC	CITY-ST-ZIP	Heathrow, Fl. 32746
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130		
CITY-ST-ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500068091935
STREET ADDRESS			03/20/06 01013 009 **\$500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 820, Florida Statutes

SIGNATURE: *C. Thomas Selby* C. Thomas Selby 2/20/06 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #