

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 Chg-LP CR2E003 (12/06)

DOCUMENT # A00000000463	
1. Entity Name FC BEACH, LTD.	



Principal Place of Business 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103	Mailing Address 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3684896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WOODWARD, MARK J 3200 TAMiami TRAIL N., STE. 200 NAPLES, FL 34103	

7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	M00000000674	STREET ADDRESS	8156 Fiddler's Creek Parkway
NAME	FC BEACH, LLC	CITY-ST-ZIP	Naples, FL 34114
STREET ADDRESS	3470 CLUB CENTER BLVD		
CITY-ST-ZIP	NAPLES, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

000097292780
04/18/07--01004--014 **500.00

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:	2/19/07 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Audrey J. Ferrao	Date _____ Daytime Phone # _____