2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # A0200000641 1. Entity Name FLORIDA CAPITAL HOTEL PARTNERS (CHICAGO/SHELTON), LTD.					Secretary of State		
Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 HEATHROW, FL 32746			PARKWA 6	y, suite 130			
<u> </u>) - 1 (441) 14 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41) 4 (41)	de 110100 de 1500	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		01052005 Chg-LP CR2E003 (10/0	03)	
City & State		City & State			4. FEI Number 01-0689614	Applied For Not Applicable	
Zip Country		Zip	ip Country		5. Certificate of Status Desired \$8.75 Additional		
6. Name and Address of Current Registered Agent			<u> </u>	Fee Required 7. Name and Address of New Registered Agent			
				Name			
SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746				Street Address (i	s (P.O. Box Number is Not Acceptable)		
	•	-		01.			
				City	FL Zip C		
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 Signature, type63 of printed name of registered agent and file if applicable							
9. Capital Co	ontributions CAE AZE ODO DO	10. Amount of Capit	butions				
as Shown		in FLORIDA to c					
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 #			_ STR	EET ADDRESS		, -2	
NAME STREET ADDRESS			<u> </u>		143 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
CITY-ST-ZIP			CULY	'- ST- ZIP	#00000357904 ### 05/16/95-90016-925-526-25		
DOCUMENT # NAME	-		STR	EET ADDRESS			
SIREET ADDRESS City-St-Zip	_		יתום	- ST - ZIP			
QOCUMENT #			STRI	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
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STREET ADDRESS CITY - ST - ZIP	1		Сату	-ST-ZIP			
DOCUMENT #			STRE	ET ADDRESS			
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DOCUMENT #			STR	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
14. I hereby certify that the information adopted 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 roy signature shall have the sapile 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 Catapter 20, Florida Statutes							