

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000641

1. Entity Name
**FLORIDA CAPITAL HOTEL PARTNERS
(CHICAGO/SHELTON), LTD.**



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

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



01092007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0689614

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY
SUITE 300
HEATHROW, FL 32746**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

DATE

**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

DOCUMENT # **L02000010487**
NAME **FCLC HOTEL (CHICAGO/SHELTON), LLC**
STREET ADDRESS **300 INTERNATIONAL PARKWAY SUITE 300**
CITY-ST-ZIP **HEATHROW, FL 32746**

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04/06/07-80032-005 500.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-1-07 407-333-1604