


**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.	
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Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746
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**DO NOT WRITE IN THIS SPACE**

	
01092007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 01-0689614	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 # NAME STREET ADDRESS CITY - ST - ZIP	L02000010487 FCLC HOTEL (CHICAGO/SHELTON), LLC 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746
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00000684405  
04/06/07-80032-005 500.00

**DO NOT WRITE 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:  DATE: 3-1-07 DAYTIME PHONE #: 407-333-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER