


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 18, 2008 08:00 A
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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01082008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 01-0689614 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

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| 6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746 |
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**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, 2008, Fee will be \$900.00

U00000862795
04/03/08-80066-009 500.00

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 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Katherine A. Christy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE