

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007831 AT

<b>DOCUMENT # A02000000641</b>			
<b>1. Entity Name</b> FLORIDA CAPITAL HOTEL PARTNERS (CHICAGO/SHELTON), LTD.			
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746		Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746		Name Street Address (P.O. Box Number is Not Acceptable) City	
FL		Zip Code	
<b>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.</b>			
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. Capital Contributions</b> as Shown on record. <b>\$100.00</b>		<b>10. Amount of Capital Contributions</b> in FLORIDA to date. <b>\$15,475,000</b>	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000010487 FCLC HOTEL (CHICAGO/SHELTON), LLC 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746	STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FF \$526.25	STREET ADDRESS CITY-ST-ZIP	
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<b>14. I hereby certify that the information supplied 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 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</b>			
<b>SIGNATURE:</b>		SIGNATURE: <i>[Signature]</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date: <b>4-21-03</b>	
		Daytime Phone #: <b>407-333-1604</b>	

FILED

03 MAY 28 PM 12:54

SECRETARY OF STATE  
TREASURY

CR2E003 (10/02)

STAPLE CHECK HERE