




2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 10 AM 9:10

DOCUMENT # A02000001591					
1. Entity Name FC GOLF, LTD.					
Principal Place of Business C/O GULF BAY MANAGEMENT, INC. 3470 CLUB CENTER BOULEVARD NAPLES, FL 34114-0816			Mailing Address C/O GULF BAY MANAGEMENT, INC. 3470 CLUB CENTER BOULEVARD NAPLES, FL 34114-0816		
2. Principal Place of Business		3. Mailing Address		 01122006 Chg-LP CR2E003 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number 03-0509355		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 33410				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	M02000003118			STREET ADDRESS	800072425328
NAME	FC GOLF, LLC			CITY-ST-ZIP	04/27/06--01043--007 **508.75
STREET ADDRESS	3470 CLUB CENTER BOULEVARD				
CITY-ST-ZIP	NAPLES, FL 341140816				
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NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: 				2/7/06 (239) 732-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

Aubrey J. Ferrao

STAPLE CHECK HERE