

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000000469				
1. Entity Name FC RESORT, LTD.				
Principal Place of Business 3470 CLUB CENTER BLVD. C/O GULF BAY MANAGEMENT, INC. NAPLES, FL 34114-0816		Mailing Address 3470 CLUB CENTER BLVD. C/O GULF BAY MANAGEMENT, INC. NAPLES, FL 34114-0816		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRAIL NORTH, SUITE 600 C/O WOODWARD, PIRES & LOMBARDO, P.A. 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>				
9. Capital Contributions as Shown on record. \$38,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,800,886		
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 #	M02000003117	STREET ADDRESS		
NAME	FC RESORT, LLC	CITY-ST-ZIP		
STREET ADDRESS	3470 CLUB CENTER BLVD.			
CITY-ST-ZIP	NAPLES, FL 341140816			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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STREET ADDRESS				
CITY-ST-ZIP				
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				
SIGNATURE: <i>Aubrey J. Ferraro</i>		Date: 4/25/05	Daytime Phone #: (239) 732-9400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: <i>AUBREY J. FERRARO</i>				

STAPLE CHECK HERE