


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS


08 APR 15 AM 11:30

DOCUMENT # A04000000469
 1. Entity Name
 FC RESORT, LTD.



Principal Place of Business Mailing Address
 8156 FIDDLER'S CREEK PARKWAY 8156 FIDDLER'S CREEK PARKWAY
 NAPLES, FL 34114 NAPLES, FL 34114

DO NOT WRITE IN THIS SPACE



01162008 No Chg-LP CR2E003 (12/06)

4. FEI Number 34-2024546	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
 3200 TAMiami TRAIL NORTH, SUITE 600
 C/O WOODWARD, PIRES & LOMBARDO, P.A.
 NAPLES, FL 33410

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

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 #	M02000003117
NAME	FC RESORT, LLC
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY
CITY-ST-ZIP	NAPLES, FL 34114
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900123549419
 04/15/08--01030--006 **500.00

900123549419
 04/15/08--01030--020 **157.50

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: *Aubrey T. Jones* March 31, 2008 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

Aubrey T. Jones, General Partner and Not Individually