

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000000521	
1. Entity Name FC HOTEL, LTD.	



Principal Place of Business C/O WOODWARD, PIRES & LOMBARDO, PA 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410	Mailing Address C/O GULF BAY MANAGEMENT, INC 3470 CLUB CENTER BLVD NAPLES, FL 34114-0816
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-LP CR2E003 (10/03)

4. FEI Number 34-2024547	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, PA 3200 TAMiami TRAIL NORTH, STE 200 NAPLES, FL 33410		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,128,070
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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 #	M02000003116	STREET ADDRESS	
NAME	FC HOTEL, LLC	CITY-ST-ZIP	
STREET ADDRESS	3470 CLUB CENTER BLVD		
CITY-ST-ZIP	NAPLES, FL 341140816		
DOCUMENT #		STREET ADDRESS	600054927926
NAME		CITY-ST-ZIP	05/23/05--01005--003 **535.00
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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>Mark J. Woodward</i>	Date: 4/25/05	Daytime Phone #: (239) 732-9400
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STAPLE CHECK HERE