



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 9:10

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2024547	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <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 # NAME STREET ADDRESS CITY - ST - ZIP	M02000003116 FC HOTEL, LLC 3470 CLUB CENTER BLVD NAPLES, FL 341140816		STREET ADDRESS CITY - ST - ZIP		
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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 Aubrey J. Ferrao			Date Daytime Phone #		

STAPLE CHECK HERE