


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:07

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 34-2024547	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J C/O WOODWARD, PIRES & LOMBARDO, PA 3200 TAMiami TRAIL NORTH, STE 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, 2007, 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 #	M02000003116		STREET ADDRESS	8156 Fiddler's Creek Parkway	
NAME	FC HOTEL, LLC		CITY-ST-ZIP	Naples, FL 34114	
STREET ADDRESS	3470 CLUB CENTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341140816		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:  2/19/07 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Aubrey J. Ferraro