


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A05000000156</b> 1. Entity Name FCLC DALLAS (HIDDEN CREEK), LTD.	
--	---

Principal Place of Business 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746
---	---



01082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2205286	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  CHIRSTY, KATHERINE A 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746
---

**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**

U00000862782

04/03/08 00066-006 500.00

**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 #	L05000006198
NAME	FCREG DALLAS-HIDDEN CREEK, LLC
STREET ADDRESS	300 INTERNATIONAL PARKWAY, STE. 300
CITY-ST-ZIP	HEATHROW, FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Katherine A. Christy*  
Katherine A. Christy

Date

1-24-08

Daytime Phone #

407-333-1604

STAPLE CHECK HERE