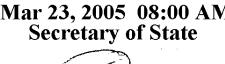
2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

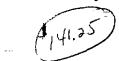
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A20923

SIGNATURE:

FILED Mar 23, 2005 08:00 AM Secretary of State





FM HOTEL COMPANY, LTD.					A 141.25				
Principal Place of Business 13051 BELL TOWER DRIVE FORT MYERS, FL 33907		Mailing Address 1407 UNION AVENUE SUITE 400 MEMPHIS, TN 38104		- F 1801D(F 1010 111	{ #11 4#114 1#110 R#4# f11		rii Minis wan	ii Bibiidii bi 1891	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LP CR2E003 (10/03)					
City & State		City & State			4. FEI Number Applied For 62-1255652 Not Applied For				
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
	517			Name					
HILL, CLARK 5111 TAMIAMI TRAIL NORTH NAPLES, FL 34103 _				Street Address (P.O. Box Numbor is Not Acceptable)					
14/11, .									
		<u>-</u> _	İ	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.									ith, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$1,000.00 — 10. Amount of Capital Contributions in FLORIDA to date.								<u> </u>	
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 CH			
DOCUMENT / F93000002973 NAME FM HOTEL COMPANY, INC., A		FNN CORP		T ADDRESS			-		
STREET ADDRESS CITY-ST-ZIP	1407 UNION AVENUE, SUITE 40 MEMPHIS, TN 38104		CITY-S	ST-21P					
DOCUMENT # NAME			STREET	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			City-s	ST-ZIP		03 /23/05-	1274074 -80058-	-002	141.25
DOCUMENT # NAME			STREET	T ADDRESS					
STREET ADDRESS CITY+ST-ZIP			CITY-S	ST-ZIP					
DOCUMENT # NAME			STREET	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP					
DOGUMENT # NAME			STREET	T ADDRESS					
STREET ADDRESS CITY ST-ZIP			CITY-S	ST-ZIP					
DOCUMENT / NAME			STREET	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP					
14. I horeby 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									