2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Feb 26, 2007 08:00 A Secretary of State DOCUMENT # A20923 1. Entity Name FM HOTEL COMPANY, LTD. Principal Place of Business Mailing Address 13051 BELL TOWER DRIVE-1407 UNION AVENUE FORT MYERS, FL 33907 SUITE 400 MEMPHIS, TN 38104 01172007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1255652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, CLARK DO NOT WRITE 5111 TAMIAMI TRAIL NORTH NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable. FILE NOWIII 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 F93000002973 DOCUMENT # NAME FM HOTEL COMPANY, INC., A TENN. CORP. STREET ADDRESS 1407 UNION AVENUE, SUITE 400 U00000647949 CITY-ST-ZIP MEMPHIS, TN 38104 03/06/07-80092-024 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY+SI-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS