

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B96000000046</b> 1. Entity Name FM HOTEL/OFFICE VENTURE, L.P., (LTD.)					
Principal Place of Business 1407 UNION AVENUE, SUITE 400 MEMPHIS, TN 33104			Mailing Address 1407 UNION AVENUE, SUITE 400 MEMPHIS, TN 33104		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 62-1635565	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HILL, CLARK 5111 TAMIAMI TRAIL NORTH NAPLES, FL 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F96000000444		STREET ADDRESS		
NAME	COOPER HOTEL SERVICES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1407 UNION AVENUE, SUITE 400				
CITY-ST-ZIP	MEMPHIS, TN 38104				
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STREET ADDRESS					
CITY-ST-ZIP					
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		



03292006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 62-1635565

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

**6. Name and Address of Current Registered Agent**

HILL, CLARK  
 5111 TAMIAMI TRAIL NORTH  
 NAPLES, FL 34103

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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 STREET ADDRESS 1407 UNION AVENUE, SUITE 400  
 CITY-ST-ZIP MEMPHIS, TN 38104

STREET ADDRESS  
 CITY-ST-ZIP

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE