


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000026884 1. Entity Name FCLC HOTELS (2003), LLC	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, STE. 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, STE. 300 HEATHROW, FL 32746
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01082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0863653	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, STE. 300 HEATHROW, FL 32746
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY, STE. 300 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, STE. 300 HEATHROW, FL 32746
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04/03/08-80073-002 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Katherine A. Christy 1-24-08 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #