


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 029 \*\*\*\*50.00

<b>DOCUMENT # L05000042482</b>	
1. Entity Name FCLC GULFVIEW, LLC	

Principal Place of Business 300 INTERNATIONAL PKWY, STE 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PKWY, STE 130 HEATHROW, FL 32746
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20010172

2. Principal Place of Business 300 International Pkwy	3. Mailing Address 300 International Pkwy
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Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
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City & State Heathrow, Fl	City & State Heathrow, Fl.
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Zip 32746	Country USA	Zip 32746	Country USA
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01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number Not Applicable	Applied For <input checked="" type="checkbox"/> 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 CHRISTY, KATHERINE A ESQ 300 INTERNATIONAL PKWY, STE 130 HEATHROW, FL 32746	
7. Name and Address of New Registered Agent Name Christy, Katherine A ESQ Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 City Heathrow FL Zip Code 32746	

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  Katherine A. Christy 2/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FCLC HOTELS (2003), LLC 300 INTERNATIONAL PKWY, STE 130 HEATHROW, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FCLC Hotels (2003), LLC 300 International Pkwy, Suite 300 Heathrow, Fl. 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 2/20/06 407-333-1604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #