


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90079 004 ****50.00

| | |
|-----------------------------------|---|
| DOCUMENT # M02000003117 |  |
| 1. Entity Name FC RESORTS, LLC | |

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|---|---|
| Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114 | Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

60034497



01102007 Chg-LLC CR2E083 (12/06)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131 | |

| | |
|--|-------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee Is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIDDLER'S CREEK, LLC 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | xx <input type="checkbox"/> Change <input type="checkbox"/> Addition 8156 Fiddler's Creek Parkway |
| 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 |
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| 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:  **1/22/07 (239) 732-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Joseph Livio Pariel, As Authorized Representative