

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003117

1. Entity Name
FC RESORT , LLC



FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 AM 11:37

Principal Place of Business
8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114

Mailing Address
8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114



01162008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MGRM FIDDLER'S CREEK, LLC 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200123543692
04/15/08--01026--006 **138.75

200123543692
04/15/08--01026--013 **60.00

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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: 3/14/08 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Joseph Livio Parisi, Authorized Representative