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Secretary of State
05-05-2003 92176 030 ****55.00

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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003117

1. Entity Name

FC RESORTS, LLC

44005240

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3470 Club Center Blvd.	3470 Club Center Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34114 Country: USA	Zip: 34114 Country: USA

4. FEI Number: N/A — Applied For / Not Applicable

5. Certificate of Status Desired: $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: K. Lawrence Gragg

Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd. *Suite 4900

City: Miami FL Zip Code: 33131

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	FIDDLER'S CREEK, LLC
STREET ADDRESS	3470 CLUB CENTER BOULEVARD
CITY-ST-ZIP	NAPLES, FL 34114

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Aubrey J. Ferrao 4/28/03 (239) 732-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #

Aubrey J. Ferrao, Authorized Representative