

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A13398**

1. Entity Name

ORLANDO PLAZA SUITE HOTEL, LTD.-A



Principal Place of Business

1000 RED FERN PLACE  
 FLOWOOD, MS 39208

Mailing Address

P.O. BOX 320009  
 FLOWOOD, MS 39232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004

Chg-LP

CR2E003 (10/03)

4. FEI Number

64-0668244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NORRIS, JOHN E.  
 201 NORTH MARION STREET, SUITE 301  
 LAKE CITY, FL 32055

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$1,953,950.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F98816**  
 NAME **ORLANDO PLAZA HOTEL CORP**  
 STREET ADDRESS **1000 RED FERN PLACE**  
 CITY - ST - ZIP **FLOWOOD, MS 39232**

DOCUMENT # **292032**  
 NAME **INN OF JACKSONVILLE-AIRP**  
 STREET ADDRESS **1000 RED FERN PLACE**  
 CITY - ST - ZIP **FLOWOOD, MS 39232**

DOCUMENT #  
 NAME **JONES, EARLE F.**  
 STREET ADDRESS **1000 RED FERN PLACE**  
 CITY - ST - ZIP **FLOWOOD, MS 39232**

DOCUMENT #  
 NAME **STURDIVANT, MIKE P.**  
 STREET ADDRESS **ROUTE 1**  
 CITY - ST - ZIP **GLENDORA, MS 38928**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

NO: 0000159135  
 05/10/04-80017-017 526.25

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Earle F. Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/31/04*  
 Date

*(601) 936-3666*  
 Daytime Phone #

KT 128

STAPLE CHECK HERE