

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 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.

04192005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

64-0668244

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

4/27/05 (601) 936-3666 x128

Date

Daytime Phone #

STAPLE CHECK HERE