

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 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



04182006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

000000557697
05/17/06-80062-004 500.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/06

Date

601-936-3666

Daytime Phone #

STAPLE CHECK HERE