


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A13398</b> 1. Entity Name ORLANDO PLAZA SUITE HOTEL, LTD.-A					
Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS <del>39200</del>			Mailing Address P.O. BOX 320009 FLOWOOD, MS 39232		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>64-0668244</b>	
Zip <b>39232</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F98816		STREET ADDRESS		
NAME	ORLANDO PLAZA HOTEL CORP		CITY-ST-ZIP	100000920708 05/21/08-80120-006 500.00	
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39232		CITY-ST-ZIP		
DOCUMENT #	292032		STREET ADDRESS		
NAME	INN OF JACKSONVILLE-AIRP		CITY-ST-ZIP		
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39232		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME	JONES, EARLE F.		CITY-ST-ZIP		
STREET ADDRESS	1000 RED FERN PLACE		STREET ADDRESS		
CITY-ST-ZIP	FLOWOOD, MS 39232		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME	STURDIVANT, MIKE P.		CITY-ST-ZIP		
STREET ADDRESS	ROUTE 1		STREET ADDRESS		
CITY-ST-ZIP	GLENDDORA, MS 38928		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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					
<b>SIGNATURE:</b> <u>Earle F. Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<u>04/23/08 (601) 326-8128</u> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE