

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership GAINESVILLE CABOT LODGE, LTD.		1a. DOCUMENT # A20847
Mailing Address 1817 CRANE RIDGE P.O. BOX 16807 JACKSON MS 39236-6807	Principal Office Address 1817 CRANE RIDGE P.O. BOX 16807 JACKSON MS 39236-6807	3. Date Formed or Registered 09/26/1985
2. Mailing Address	2a. Principal Office Address 1000 Red Fern Place	3a. Date of Last Report 02/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL
City & State	City & State Flowood MS	6. FFI Number 64-0728475
Zip	Zip 39208	Country Rankin
		5a. Capital Contributions as Shown on record \$100.00
		5b. Amount of Capital Contributions in FLORIDA to date
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)



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LM

9. Name and Address of Current Registered Agent NORRIS, JOHN E. 201 NORTH MARION, SUITE 301 LAKE CITY FL	10. If changed, new Registered Agent/Office Name 100001982881--2 Street Address (P.O. Box Number is Not Accepted) 10/22/96--01091--006 Suite, Apt. #, etc. ****191.25 ****191.25 City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CABOT LODGE, INC.	1000 Red Fern Place 1817 CRANE RIDGE	Flowood, MS 39208 JACKSON, MS	P04808
JONES, EARLE F.	2552 LAKE CIRCLE	JACKSON MS	
STURDIVANT, MIKE P.	ROUTE 1	GLENDORA MS	
STURDIVANT, GAINES P.	2460 Meadowbrook Rd. 3941 EASTWOOD DRIVE	JACKSON MS	
STURDIVANT, MIKE P., JR.	ROUTE 1	GLENDORA MS	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Gaines P. Sturdivant

DATE

10/2/96

Typed or Printed Name of General Partner Signing Form

Gaines P. Sturdivant

Daytime Telephone Number

601-936-3666