
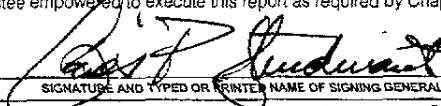


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A20847					
1. Entity Name GAINESVILLE CABOT LODGE, LTD.					
Principal Place of Business 1000 RED FERN PLACE FLOWOOD, MS 39232		Mailing Address 1000 RED FERN PLACE 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	4. FEI Number 64-0728475	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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, SUITE 301 LAKE CITY, FL				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04808	STREET ADDRESS			
NAME	CABOT LODGE, INC.	CITY-ST-ZIP			
STREET ADDRESS	1000 RED FERN PLACE				
CITY-ST-ZIP	FLOWOOD, MS 39232				
DOCUMENT #		STREET ADDRESS			
NAME	JONES, EARLE F.	CITY-ST-ZIP			
STREET ADDRESS	2552 LAKE CIRCLE				
CITY-ST-ZIP	JACKSON, MS				
DOCUMENT #		STREET ADDRESS			
NAME	STURDIVANT, MIKE P.	CITY-ST-ZIP			
STREET ADDRESS	2460 MEADOWBROOK RD.				
CITY-ST-ZIP	JACKSON, MS				
DOCUMENT #		STREET ADDRESS			
NAME	STURDIVANT, GAINES P.	CITY-ST-ZIP			
STREET ADDRESS	3941 EASTWOOD DRIVE				
CITY-ST-ZIP	JACKSON, MS				
DOCUMENT #		STREET ADDRESS			
NAME	STURDIVANT, MIKE P., JR.	CITY-ST-ZIP			
STREET ADDRESS	ROUTE 1				
CITY-ST-ZIP	GLENDORA, MS				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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.					
SIGNATURE: 		4/21/06 601-936-3666			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			



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