

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAY 10 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-LP CR2E003 (12/06)

4. FEI Number **64-0728475** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	P04808
NAME	CABOT LODGE, INC.
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
DOCUMENT #	JONES, EARLE F.
NAME	2552 LAKE CIRCLE
STREET ADDRESS	JACKSON, MS
CITY-ST-ZIP	
DOCUMENT #	STURDIVANT, MIKE P.
NAME	2460 MEADOWBROOK RD.
STREET ADDRESS	JACKSON, MS
CITY-ST-ZIP	
DOCUMENT #	STURDIVANT, GAINES P.
NAME	3941 EASTWOOD DRIVE
STREET ADDRESS	JACKSON, MS
CITY-ST-ZIP	
DOCUMENT #	STURDIVANT, MIKE P., JR.
NAME	ROUTE 1
STREET ADDRESS	GLENDORA, MS
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>300103099273</b> 05/23/07-01020-013 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>1000 Red Fern Place</b>
CITY-ST-ZIP	<b>Flowood, MS 39232</b>
STREET ADDRESS	<b>1000 Red Fern Place</b>
CITY-ST-ZIP	<b>Flowood, MS 39232</b>
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 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:** Earle F. Jones **05/01/2007** **601-326-8128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE