

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

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



04222008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0728475

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, SUITE 301
LAKE CITY, FL

**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, 2008, 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 #
NAME JONES, EARLE F.
STREET ADDRESS 2552 LAKE CIRCLE
CITY-ST-ZIP JACKSON, MS

DOCUMENT #
NAME STURDIVANT, MIKE P.
STREET ADDRESS 2460 MEADOWBROOK RD. P.O. Box 230
CITY-ST-ZIP JACKSON, MS Glendora, MS 38928

DOCUMENT #
NAME STURDIVANT, GAINES P.
STREET ADDRESS 3941 EASTWOOD DRIVE 3826 Sleepy Hollow
CITY-ST-ZIP JACKSON, MS 39211

DOCUMENT #
NAME STURDIVANT, MIKE P., JR.
STREET ADDRESS ROUTE 1
CITY-ST-ZIP GLENDORA, MS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

100129574101
05/15/08--01006--019 **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

Date

Daytime Phone #

STAPLE CHECK HERE