

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A33335

1. Entity Name
PERDIDO HOSPITALITY LIMITED



526.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 10 AM 10:34

Principal Place of Business
BAYBRIDGE PROFESSIONAL PARK, BLDG. 113
GULF BREEZE, FL 32561

Mailing Address
BAYBRIDGE PROFESSIONAL PARK, BLDG. 113
GULF BREEZE, FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3134962

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JBM GP, INC.
BAYBRIDGE PROFESSIONAL PARK, BUILDING 113
GULF BREEZE, FL 32561

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

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

DATE

9. Capital Contributions
as Shown on record. \$300,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P95000057453
NAME JBM GP, INC.
STREET ADDRESS BAYBRIDGE PROFESSIONAL PARK, BLDG. 113
CITY-ST-ZIP GULF BREEZE, FL 32561

STREET ADDRESS

CITY-ST-ZIP

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08/23/05--01041--007 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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