

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A33335**

1. Entity Name

✓ **PERDIDO HOSPITALITY LIMITED**



Principal Place of Business

**BAYBRIDGE PROFESSIONAL PARK, BLDG. 113  
GULF BREEZE, FL 32561**

Mailing Address

**BAYBRIDGE PROFESSIONAL PARK, BLDG. 113  
GULF BREEZE, FL 32561**



03272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**59-3134962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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

**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

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

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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