## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A98000000565**

1. Entity Name CAMPUS CLUB OF TALLAHASSEE, LTD.



FILED
-SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10: 44

Principal Place of Business

117 E. GEORGIA STREET TALLAHASSEE, FL 32301 Mailing Address

117 E. GEORGIA STREET TALLAHASSEE, FL 32301



04072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	 	Applied For
59-3529109		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FULLER, DENNIS 117 E. GEORGIA STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

	IN THIS SPACE			
<u> </u>				
8. The above named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligations of registered agent.	04/23/0801005026_**400.00			
SIGNATURE	700125288357			
Signature, typed or printed name of registered agent and tide if applicable.	04/23/0801005026= **400.00			
FILE NOW!!! FEE IS \$500 After May 1, 2008, Fee will be				
	SS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ad on the form; an amendment must be filed to change a general partner.			
OFFICE ALCOPATION				

Į	NOTE: General Partners MAY NOT be changed on the				
	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT #  NAME  STREET ADDRESS  CFTY-ST-ZIP	P97000056104 CAMPUS LODGE, INC. 117 E. GEORGIA STREET TALLAHASSEE, FL 32301			
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
בר סויבטו וזכוור	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
1	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				

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

4/7/08

2059025