

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JAN 29 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1013939** Applied For ☐ Not Applicable ☒

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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.

9. Capital Contributions as Shown on record. **\$4,600,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$4,600,000.00** **\$526.25**

**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 # **F93000004385**  
NAME **MCKIBBON HOTEL GROUP, INC.**  
STREET ADDRESS **402 WASHINGTON ST.**  
CITY-ST-ZIP **GAINESVILLE, GA 30501**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_  
STREET ADDRESS **900027900139**  
CITY-ST-ZIP **01/29/04 01012 005 \$526.25**

DOCUMENT # \_\_\_\_\_  
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STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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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 Dennis W. Jackson **1-8-04** **770-534-3381**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE