2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 21, 2006 08:00 Al e

1. Entity Nam	MENT # B040000			Secretary of Stat		
402 WASHIN	ce of Business IGTON STREET, SUITE 200 E, GA 30501	Mailing Address PO BOX 1018 GAINESVILLE, GA 30503		(1881/8) Dec 88111 Brow 48114 Brow 48	M BEN SEN SEN SENER MET IN E	
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			^-	03032006 No Chg-LP	CR2E003 (11/0	<i>1</i> 5)
L	O NOI WRII	'E IN THIS SPA	CE	4. FEI Number 51-0498229		Applied For Not Applicabl
			=	5. Certificate of Status Desired	\$8.75 / Fee Requ	Additional Jired
	6. Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE			
SIGNATURE	Signature, typed or printed name of registered a	gent and site if applicable.			- DATE	
		OW!!! FEE IS \$500.00 , 2006, Fee will be \$900.00	سر، د د و المستعدد			
		R THAT IS A BUSINESS ENTITY MAY NOT be changed on the for				
12.		NER INFORMATION				
DOCUMENT #	F93000004385					
NAME	MCKIBBON HOTEL GROUP,	INC.				
STREET ADDRESS	402 WASHINGTON STREET,	SUITE 200		HAAAA	ጉፈማድማጠፈ	
CITY-ST-ZIP	GAINESVILLE, GA 30501)476284 _oonoo	<u>~~</u>

DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP

134/135/U6~8UUU3~UI7 SUU.WU

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 eath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this yeport as required by Chapter 620, Florida Statutes

SIGNATURE: .

DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

CHECK NAME STREET ADDRESS CITY-ST-ZIP

STAPLE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER