

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -7 AM 8:32**

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000490

MHC-DESTIN, L.P., LIMITED



Mailing Address

**4735 SPOTTSWOOD, SUITE 201
MEMPHIS TN 38117**

Principal Office Address

**4735 SPOTTSWOOD, SUITE 201
MEMPHIS TN 38117**

3. Date Formed or Registered

11/12/1993

5a. Capital Contributions as
Shown on record

\$1,027,927.00

3a. Date of Last Report

01/08/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

TN

2. Mailing Address

4405 VINELAND ROAD

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

**SUITE C4
ORLANDO, FL**

Zip

32811

6. FEI Number

62-65-1549793

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**C T CORPORATIONS SYSTEM
1311 EXECUTIVE CENTER DRIVE, SUITE 200
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

MCNEILL, PHILLIP H

TAVCO-DESTIN HOSPITALITY MAN

4735 SPOTTSWOOD, SUIT

748 WALNUT KNOLL

MEMPHIS TN 38117

CORDOVA TN 38018

F93000005128

**700002059717--8
-01/16/97--01012--001
****576.25 ****576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

PHILLIP H. MCNEILL SR.

Daytime Telephone Number

901.761.9651

CR2E003 (6/96)