

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B97000000158



1. Entity Name
MCKIBBON HOTEL GROUP OF TAMPA, FLORIDA #2, L.P.

Principal Place of Business
**402 WASHINGTON AVE., STE. #200
 GAINESVILLE, GA 30501**

Mailing Address
**P.O. BOX 1018
 GAINESVILLE, GA 30503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01082004

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-3434177

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$2,657,700.00**

10. Amount of Capital Contributions
 in FLORIDA to date. **2,657,700.00**

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, FL 30501**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000027917130
 01/29/04--01022--014 **526.25

000027917130
 01/30/04--01022--014 **526.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-04

770 534-3381

Date

Daytime Phone *

STAPLE CHECK HERE

FILED

04 JAN 30 PM 2:29

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

