

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

**DOCUMENT # B97000000222**

1. Entity Name  
**MCKIBBON HOTEL GROUP OF TAMPA, FLORIDA #3, L.P.**



Principal Place of Business  
**402 WASHINGTON ST., STE. #200  
GAINESVILLE, FL 30501**

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

**FILED**  
**04 JAN 29 AM 9:27**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**58-2331979**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. **\$2,088,750.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **2,088,750.00**

**# 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**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**600027889276**  
**01/29/04--01072--004 \*\*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

**Dennis W. Jackson**

Date

Daytime Phone #

**1-8-04**

**770 534-3381**

STAPLE CHECK HERE