

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED ^{St. Tampa DT}
Mar 20, 2006 08:00 AM
Secretary of State

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



02232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2331979

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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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000000475942
04/05/06-80037-002 500.00

**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 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

Date _____

Daytime Phone # _____

STAPLE CHECK HERE