

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B97000000278

1. Entity Name
MCKIBBON HOTEL GROUP OF MAITLAND, FLORIDA, L.P.



Principal Place of Business
402 WASHINGTON ST., 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

Zip

Country

Zip

Country

01072004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3462902

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

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

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.

\$1,959,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

1,959,000.00

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F93000004385**
 NAME **MCKIBBON HOTEL GROUP, INC.**
 STREET ADDRESS **402 WASHINGTON ST., STE. #200**
 CITY - ST - ZIP **GAINESVILLE, GA 30501**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS

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4000027300264

01/29/04--01072--009 **526.25

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CITY - ST - ZIP

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

Date

Daytime Phone #

1-7-04

770 534-3381

FILED

04 JAN 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



STAPLE CHECK HERE