

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jan 13, 2004 08:00 AM
Secretary of State

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| DOCUMENT # B97000000279 | | | | | |
| 1. Entity Name MCKIBBON HOTEL GROUP OF TALLAHASSEE, FLORIDA #2, 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 | 01062004 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 59-3462899 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 | |
| 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. | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$752,750.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 752,750.00 | | # 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | F93000004385 MCKIBBON HOTEL GROUP, INC. 402 WASHINGTON ST GAINESVILLE, GA 30501 | | STREET ADDRESS CITY - ST - ZIP | 1000000004104 01/14/04-80015-006 526.25 | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | 1-6-04 770 534-3381 <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE