2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   B97000000592

1. Entity Name

MCKIBBON HOTEL GROUP OF SABAL PARK, FLORIDA, L.P

Principal Place of Business	Mailing Address
800 JESSE JEWELL PKWY GAINESVILLE GA 30501	PO BOX 1018 GAINESVILLE GA 30503-1018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number   59-3485501   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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. ✓ **$1,098,464.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** SEE REVERSE SIDE FOR FEE INFORMATION

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	STREET ADDRESS	
NAME	MCKIBBON HOTEL GROUP, INC.		
STREET ADDRESS	800 JESSE JEWELL PARKWAY, S.W.	CITY-ST-ZIP	
CITY-ST-ZIP	GAINESVILLE GA 30501		
DOCUMENT #		STREET ADDRESS	
NAME			
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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)(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

Dennis W. Jackson

SIGNATURE: _SIGNATURE REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-19-00   770 534-3381
Date   Daytime Phone #