


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 10:17

<b>DOCUMENT # B97000000592</b>			
1. Entity Name MCKIBBON HOTEL GROUP OF SABAL PARK, FLORIDA, L.P.			
Principal Place of Business 402 WASHINGTON STREET, SUITE 200 GAINESVILLE, GA 30501		Mailing Address PO BOX 1018 GAINESVILLE, GA 30503	
2. Principal Place of Business 7700 WOLF RIVER BLVD Suite, Apt. #, etc. GERMANTOWN, TN City & State		3. Mailing Address 7700 WOLF RIVER BLVD Suite, Apt. #, etc. GERMANTOWN, TN City & State	
Zip 38138 Country US		Zip 38138 Country US	
4. FEI Number 59-3485501		Applied For 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 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 <i>Ronald Lee</i> DATE 3/17/05 Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$1,098,464.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	See copy of amendment previously filed
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EQT FL Corporation 402 Washington St. #200 Gainesville FL 30501	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100056032601 06/10/05--01064--005 **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)(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: <i>Ronald Lee</i>		Date 4/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

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