

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018146 AB

FILED
03 JAN 27 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000592



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		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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. 1,098,464.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	200010970372
NAME	MCKIBBON HOTEL GROUP, INC.	CITY-ST-ZIP	01/28/03--01009--014 **526.25
STREET ADDRESS	402 WASHINGTON ST		
CITY-ST-ZIP	GAINESVILLE GA 30501		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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: *Denise W. Jackson* **1-14-03** **770 534-3381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)