

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 FEB -2 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # B98000000295</b>	
1. Entity Name MCKIBBON HOTEL GROUP OF TELECOM PARK, FLORIDA, L.P.	

Principal Place of Business 402 WASHINGTON STREET, SUITE 200 GAINESVILLE, GA 30501	Mailing Address P.O. BOX 1018 GAINESVILLE, GA 30503
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3504420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,012,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,012,000.00	# 526.25
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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	
NAME	MCKIBBON HOTEL GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	402 WASHINGTON ST		
CITY-ST-ZIP	GAINESVILLE, GA 30501		
DOCUMENT #		STREET ADDRESS	200028011632
NAME		CITY-ST-ZIP	02/02/04--01054--024 **526.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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:	1-8-04	770 534-3381
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE