

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

TPS Tampa N
FILED *Jared*
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000295

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**



02232006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3504420

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **F93000004385**
NAME **MCKIBBON HOTEL GROUP, INC.**
STREET ADDRESS **402 WASHINGTON ST**
CITY-ST-ZIP **GAINESVILLE, GA 30501**

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110000014648217
03/22/06-00011-004 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #