

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018145 AB

DOCUMENT # B98000000295

1. Entity Name  
MCKIBBON HOTEL GROUP OF TELECOM PARK, FLORIDA, L  
P.

FILED

03 JAN 26 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
402 WASHINGTON STREET, SUITE 200  
GAINESVILLE GA 30501Mailing Address  
P.O. BOX 1018  
GAINESVILLE GA 30503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 59-3504420

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. 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

9. Capital Contributions  
as Shown on record.

\$1,012,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,012,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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  
NAME MCKIBBON HOTEL GROUP, INC.  
STREET ADDRESS 402 WASHINGTON ST  
CITY-ST-ZIP GAINESVILLE GA 30501

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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: SIGNATURE DENNIS JACKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-14-03

Date

770 534-3381

Daytime Phone #

CR2E003 (10/02)