

B990000000374

McKibban Hotel Group of Tampa

Requestor's Name

P.O. Box 1818

Address

Gainesville, GA 30503

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name)
2. _____
(Corporation Name)
3. _____
(Corporation Name)
4. _____
(Corporation Name)

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-01/26/00--01115--007
***1369.75 ***843.50

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
00 JAN 26 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
1/27

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of McKibben Hotel Group of Tampa, Florida
#4, LP a (an) Georgia

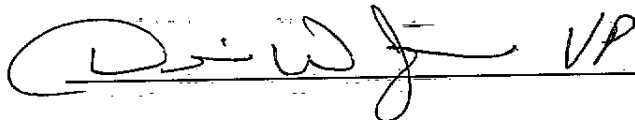
Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,
Florida Statutes. The total amount of the capital contributions of the limited partners that is
allocated for the purpose of transacting business in Florida is: \$ 2,120,500.⁰⁰

Signed this 20 day of JANUARY, 2000

FURTHER AFFIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to
the best of my knowledge and belief.*

General Partner

 VP

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA