

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

6178  
**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000000203**

1. Entity Name  
**TALLAHASSEE CABOT LODGE, LLC**



Principal Place of Business  
**1000 RED FERN PLACE  
FLOWOOD, MS 39232**

Mailing Address  
**1000 RED FERN PLACE  
FLOWOOD, MS 39232**



03182004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**64-0700606**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NORRIS, JOHN E  
201 N. MARION STREET, SUITE 301  
LAKE CITY, FL 32055**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
STURDIVANT, MIKE P  
DUE WEST ROAD  
GLEN DORA, MS 38928**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
STURDIVANT, GAINES P  
1000 RED FERN PLACE  
FLOWOOD, MS 39232**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
JONES, EARLE F  
1000 RED FERN PLACE  
FLOWOOD, MS 39232**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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05/05/04-80033-008 50.00

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IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Mike P. Sturdivant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*46-21-01* *601-936-2666*