

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 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



04192005No 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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000342066

04/29/05-60038-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
STURDIVANT, MIKE P  
DUE WEST ROAD  
GLENDDORA, 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

**DO NOT WRITE  
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)(f), 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:

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

DATE

Daytime Phone #

4/22/05 601-936-3666