

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 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



04162007 No Chg-LLC

CR2E083 (11/05)

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000764038  
05/30/07-80040-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:** Earle F. Jones

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

05/01/2007 601-326-8128

Date

Daytime Phone #