2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# M98000000203

Entity Name: TALLAHASSEE CABOT LODGE, LLC

Current Principal Place of Business:

1000 RED FERN PLACE
FLOWOOD, MS 39232

New Principal Place of Business:

Current Mailing Address:

1000 RED FERN PLACE
FLOWOOD, MS 39232

New Mailing Address:

FEI Number: 64-0700606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	STURDIVANT, MIKE P	
Address:	DUE WEST ROAD	
City-St-Zip:	GLENDORA, MS 38928	
Title:	MGR	( ) Delete
Name:	STURDIVANT, GAINES P	
Address:	1000 RED FERN PLACE	
City-St-Zip:	FLOWOOD, MS 39232	
Title:	MGR	( ) Delete
Name:	JONES, EARLE F	
Address:	1000 RED FERN PLACE	
City-St-Zip:	FLOWOOD, MS 39232	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date