

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000204

1. Entity Name
GAINESVILLE CABOT LODGE, LLC



Principal Place of Business

1000 RED FERN PLACE
FLOWOOD, MS 29232

Mailing Address

1000 RED FERN PLACE
FLOWOOD, MS 29232



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
12-3120360

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, 2006**

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

U00000559213
05/17/06-80128-013 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 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:

Mike P. Sturdivant

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

4/21/06

601-934-3666

Date

Daytime Phone #