2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 08, 2005 08:00 AM Secretary of State

1. Entity Na	DOCUMENT # A9400001548 1. Enlity Name MAITLAND SUMMIT, LTD.				Secretary of Stat	
300 NORTH	ice of Business. I LAKE AVENUE, SUITE 620 CA 91101	Mailing Address 300 NORTH LAKE PASADENA, CA 9		UITE 620		
2. Principal	Place of Business	3. Mailing Address	<u></u>			
Suite, Ap	t # etc	Suite, Apt. #, etc.				מארן עם ניתווןעני לפעום וונגם ועמני ומואר עו נפטי
				01052005 Chg-LP	CR2E003 (10/03)	
City & Sta	116	City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3265662	Applied For Not Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and Address of New	
1201 HAY	ATION SERVICE COMPANY 'S STREET SSEE, FL 32301-2525	(• • • • • • • • • • • • • • • • • • •		P.O. Box Number is Not Acceptab	ole)
				City		FL Zip Code
8. The above the obligation	e named entity submits this statementions of registered agent.	t for the purpose of changing	ng its registe	red office or register	ed agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered as	contrand the hambable	<u> </u>			
9. Capital Cas Shown		10. 4		ibutions		DATE"
	A GENERAL PARTNEI NOTE: General Partners I	R THAT IS A BUSINES: MAY NOT be changed	S ENTITY N on the form	MUST BE REGIST n; an amendmen	ERED AND ACTIVE WITH TI t must be filed to change a g	HIS OFFICE. Jeneral partner.
12.	GENERAL PARTI	ER INFORMATION	13.		- ADDRESS CH	
DOCUMENT # NAME	GATEWAY GP MAITLAND, INC.			REET ADDRESS	<u> </u>	<u></u>
STREET ADDRESS CITY-ST-ZIP	PASADENA, CA 91101	SUITE 620	CITY	Y-ST-ZIP		
DOCUMENT # NAME			STR	REET ADDRESS	UDDOO	00219935
STREET ADDRESS - CITY-ST-ZIP			cm alien	Y-ST-ZIP	02/08/09	10218935 5-80047-015 526.25
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP DOCUMENT			C(TY	Y-ST-ZIP		
DOCUMENT #	1			EET ADDRESS	<u> </u>	
STREET ADDRESS				/- ST-ZIP		
DOCUMENT #		<u> </u>	STRI	EÉT ADDRESS		
STREET ADDRESS CITY-ST-ZIP	! -		спу	(-ST-ZIP		. 1
14. I hereby indicated the received	certify that the information supplied we on this report is true and accurate all ver or trustee empowered to execute	nd that my signature shall h this report as required by C	have the same Chapter 620,	emption stated in Sec s legal effect as if mi Florida Statutes MARGARET O VICE PRESIDENT 8	SHULER	Turther certify that the information at Partner of the limited partnership or