2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 13, 2004 08:00 AM Secretary of State

	Due By May 1, 2004								Secretary of State			
-	DOCUMENT # A9600001067 1. Entitly Name COMFORT SUITES MAINGATE, LTD.							Secretary of State				
	Principal Place of Business Mailing Address 7836 W. IRLO BRONSON HWY. 7836 W. IRLO BRONS KISSIMMEE, FL 34747 KISSIMMEE, FL 3474											
-	2. Principal Place of Business				3. Mailing Address							
-	Suite, Apt. #, etc.				Suite, Apt. #, etc.					·		
-	City & State				City & State			04022004 4. FEI Number	Chg-LP	CR2E003	(10/03) Applied For	
-	Zip Country				Z:p	Cour	Strv	59-3380460 Not Applicable				
	;					003	·• ·	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
-	Name and Address of Current Registered Agent						Name Name					
	CHEN, GEORGE C/O INTERNATIONAL AMERICAN RESO 7836 W. IRLO BRONSON WAY				RTS, INC.		Street Address (ss (P.O. Box Number is Not Acceptable)				
	KISSIMMEE, FL 34747						City	Zip Code			Zip Code	
-	The above named entity submits this statement for the purpose of changing its require obligations of registered agent.					is register	ed office or register	ed agent, or both	, in the State of Flo		illiar with, and accept	
							Geo	ege Chens	4,	16/6	4	
f	9. Capital Contributions #5 200 000 00 10. Amount of Capital Contributions #5 200 000 00											
-	as Shown on record. \$5,300,000.00 in FLORIDA to date. 5,300,000, 000 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
Ļ	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY											
-	DOCUMENT #	P93000038238					EET ABDRESS	 	ADDRESS CHA	ANGES CINET		
•	name Street adoress City-St-Zip	INTERNATIONAL AMERICAN RE 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747			SORTS, INC.		r-st-zip	·	04/20/0	10011997 14-80006	6 003 526.25	
	DOCUMENT #						EET ADDRESS					
	Street address Cify-St-Zip					CET	r-ST-ZIP					
	DOCUMENT # NAME					STR	EZERODA 133					
1	STREET ADDRESS CITY ST ZIP					SIT	r-St-ZIP					
	BOCUMENT ≠ NAME					STR	EET ADDRESS					
器	STREET ADDRESS GITY ST ZIP					cm	r-ST ZIP					
STAPLE CHECK HERE	DOCUMENT # NAME					STR	EET ADDRESS					
동	STREET ADDRESS CITY-ST-ZIP					cin	r-ST-ZIP					
STAPL	DOCUMENT # NAME		·			SYR	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP					CIT	r-SI-ZIP					
	14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership the receiver or trustee empowered to execute this feport as required by Chapter 620. Florida Statutes										a limited partnership or	
	SIGNAT	URE: .		Dee	rgs (Hi	u	4	16/04	<u> </u>	407-396-118	
Ł			SIGNATURE AND TY	PEU OK PRINT	ED NAME OF SIGNING GEN	EHAL PARTN	ER (George	CREW) [Day16	Dayle	me Phone #	