2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # A9600001067 1. Enity Name COMFORT SUITES MAINGATE, LTD.					Secretary of State		
Principal Pla	Principal Place of Business Mailing Address				1		
7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747		7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747			BIIB Secti BBTU BBIIC BS	iii sain saise ikii sans suu kassii si (ka	
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.		02242005	Chg-LP	CR2E003 (10/03)	
City & State		City & State			4. FE! Number 59-3380		Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired	S8.75 Additional Fee Required
	Name and Address of Curr	ent Registered Agent	· · · · · · · · ·		7. Name and A	ddress of New F	Registered Agent
CHEN G	CHEN, GEORGE				Name		
C/O INTERNATIONAL AMERICAN RESORTS, INC. 7836 W. IRLO BRONSON WAY			•	Street Address (P.O. Box Number is Not Acceptable)			
KISSIMM	EE, FL 34 <u>7</u> 47			City	·- <u>-</u> -		FL Zip Code
	e named entity submits this statementations of registered agent	nt for the purpose of changing	its register	ed office or register	ed agent, or both	, in the State of Fl	orida I am familiar with, and accept
1	• • •	City of ear he table					DATE
SIGNATURE Squature typed or prived name of registered agent and little diagraphicable 9. Capital Contributions as Shown on record. \$5,300,000.00 10. Amount of Capital Contributions in FLORIDA to date.							LIATE
as Snow		R THAT IS A BUSINESS E		IUST BE REGIS	TERED AND A	TIVE WITH TH	IIS OFFICE
	NOTE: General Partners	MAY NOT be changed or	the forn	n; an amendmer	it must be filed	to change a g	eneral partner.
12.	GENERAL PART P93000038238	NER INFORMATION	13.			ADDRESS CH	ANGES ONLY
DOCUMENT #	INTERNATIONAL AMERICAN RESORTS, INC. 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747		SIR	EET AUDRESS			
STREET ADDRESS			GITY	/ ST-ZIP	Hooppooce		
DOCUMENT #	NISSIMMEE, FL 34/4/		- · SIR	EET ADORESS	U00000366070 05/11/05-80029-003 526.25		
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			STR	EET ADDRESS		<u></u>	
CITY ST ZEP			CUTY	r ST ZIP			
14. I hereby indicate the rece	certify that the information supplied d on this report is true and accurate iver or trustee empowered to except	with this filing does not qualify and that my signature shall har ¶this report as required by Ch	for the exe ve the sam apter 620,	emption stated in Se le legal effect as if n Florida Statutes	ection 119.07(3)(i), nade under oath, t	, Florida Statutes that I am a Gener	I further certify that the information at Partner of the limited partnership or