## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

## **FILED** May 17, 2006 08:00 A Secretary of State **DOCUMENT # A96000001067** COMFORT SUITES MAINGATE, LTD. Mailing Address Principal Place of Business 7836 W. IRLO BRONSON HWY. 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 05032006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3380460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEN, GEORGE DO NOT WRITE C/O INTERNATIONAL AMERICAN RESORTS, INC. 7836 W. IRLO BRONSON WAY IN THIS SPACE KISSIMMEE, FL 34747 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, typed or printed name of registered agent and fitte if applicable DATE ' In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P93000038238 DOCUMENT # U00000565004 INTERNATIONAL AMERICAN RESORTS, INC. NAME 05/20/06-80102-002 500.00 STREET ADDRESS 7836 W. IRLO BRONSON HWY. CITY-ST-ZIP KISSIMMEE, FL 34747 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 🕹 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STREET ADDRESS CITY-ST-ZIP .