

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # A96000001067 1. Entity Name COMFORT SUITES MAINGATE, LTD.	
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Principal Place of Business 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747	Mailing Address 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747
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DO NOT WRITE IN THIS SPACE

01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3380460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, GEORGE
C/O INTERNATIONAL AMERICAN RESORTS, INC.
7836 W. IRLO BRONSON WAY
KISSIMMEE, FL 34747

**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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

1000000590512
01/18/07-80071-002 500.00

**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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000038238 INTERNATIONAL AMERICAN RESORTS, INC. 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747
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STAPLE CHECK HERE

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

Date _____ Daytime Phone # _____