


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Jan 17, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A96000001067**  
1. Entity Name  
**COMFORT SUITES MAINGATE, LTD.**



Principal Place of Business      Mailing Address  
**7836 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747**      **7836 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747**

**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LP      CR2E003 (12/06)

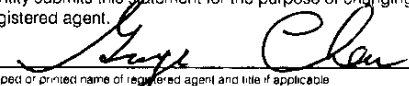
4. FEI Number      Applied For  
**59-3380460**      Not Applicable

5. Certificate of Status Desired            **\$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:       U00000788182

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**      01/18/08-80030-006 500.00

**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 #	P93000038238
NAME	INTERNATIONAL AMERICAN RESORTS, INC.
STREET ADDRESS	7836 W. IRLO BRONSON HWY.
CITY-ST-ZIP	KISSIMMEE, FL 34747
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:       Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE