2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A96000001067

COMFORT SUITES MAINGATE, LTD.

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

Principal Place of Business

7836 W. IRLO BRONSON HWY.

KISSIMMEE, FL 34747

Mailing Address

7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number

59-3380460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

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

the obligations of registered agent.	
SIGNATURE - Signature, typed or printed name of regulared agent and title if applicable	U00000788182
	- 01/18/08-50030-006-500:0 0
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	

8. The above named entity submits this stetament for the purpose of changing its registered office or registered agent, or both up the State of Florida. Lam familiar with, and accept

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.

ı	NOTE: General Partners MAY NOT be changed on the		
12. GENERAL PARTNER INFORMATION			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000038238 INTERNATIONAL AMERICAN RESORTS, INC. 7836 W. IRLO BRONSON HWY. KISSIMMEE, FL 34747	
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	Ayr Clan.	
	DOCUMENT #	1.	

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CHY-ST-ZIP

Daytime Phone #