


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000903	
1. Entity Name HOTEL OPPORTUNITY, LTD.	

Principal Place of Business 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	Mailing Address C/O BUENA VISTA HOSPITALITY GROUP, IN 2910 WEST BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629-8113
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MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3440975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, MICHAEL H 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
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9. Capital Contributions as Shown on record. \$980,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	J33906 BUENA VISTA HOSPITALITY GROUP, INC. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA FL 33629	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000056875 MIRROR PROPERTIES CORP. 100 EAST MAIN STREET LAKELAND FL 33801	STREET ADDRESS CITY-ST-ZIP	000000102112 04/05/04-00001-019 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Mike Frost	Date 3/15/04	Daytime Phone # 813-221-7535
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STAPLE CHECK HERE