

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 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, INC.  
 2910 WEST BAY TO BAY BLVD., SUITE 200  
 TAMPA, FL 33629-8113**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04152005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number  
**59-3440975**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FROST, MICHAEL H  
 2910 W. BAY TO BAY BLVD., SUITE 200  
 TAMPA, FL 33629**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$980,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**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	<b>J33906 BUENA VISTA HOSPITALITY GROUP, INC. 2910 W. BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P95000058875 MIRROR PROPERTIES CORP. 100 EAST MAIN STREET LAKELAND, FL 33801</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>U00000345445 04/30/05-80036-008 526.25</b>
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 provided by Chapter 620, Florida Statutes

SIGNATURE: Michael H. Frost **4/18/05 (813) 221-7535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Michael H. Frost