

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 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**



04042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3440975

Applied For
Not Applicable

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**

**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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # **J33906**
NAME **BUENA VISTA HOSPITALITY GROUP, INC.**
STREET ADDRESS **2910 W. BAY TO BAY BLVD., SUITE 200**
CITY-ST-ZIP **TAMPA, FL 33629**

DOCUMENT # **P95000056875**
NAME **MIRROR PROPERTIES CORP.**
STREET ADDRESS **100 EAST MAIN STREET**
CITY-ST-ZIP **LAKELAND, FL 33801**

DOCUMENT #
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04/29/06-80171-013 500.00

**DO NOT WRITE
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:

Michael Frost

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Frost 4/14/06 (813)221-7535

Date

Daytime Phone #

STAPLE HERE