2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

STAPLE CHECK HERE

DUE BY MAY-1, 2007					EI	pus per	
DOCU 1. Entity Nar		FILED					
HOTEL OPPORTUNITY, LTD.					2007 APR 30 AM II: 15		
Principal Plac	ce of Business	Mailing Address			TALI AHAS	RY OF STAT	Έ
2910 W. BAY TO BAY BLVD., SUITE 200 C/O BUENA VISTA HO TAMPA FL 33629 C/O BUENA VISTA HO 2910 WEST BAY TO BAY TAMPA FL 33629-8113			AY BLVD., SUITE 200		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10100 Juternational D. 10100 Juternational D. Suita Address 101000 Juternational D. Suita Address 10100 Juternational D. Suita Add			ational Br		. (35-34)		- 15,77 55,860 177,517 51 1121
Suite, Apt. #, etc. Suite, Apt. #, etc.					1st MOORE	CR2E003 (1	10/06)
Orlando IFL		Orlando, FL			4. FEI Number 59-34409	75	Applied For Not Applicable
3 2 88	Country	32 821	Country		5. Certificate of Status Desired		3.75 Additional e Required
	6. Name and Address of Current F	legistered Agent	<u> </u>		7. Name and Address of New		
FRO NO	Name Street Address (P.O. Box Number is Not Acceptable) City 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 familier with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.							
	A GENERAL PARTNER TH	IAT IS A BUSINESS ENT	ITY MUST BE RE	GISTE	RED AND ACTIVE WITH T	HIS OFFICE.	
12.	NOTE: General Partners MAY GENERAL PARTNER		13.	iment		general partner	er.
DOCUMENT#	J33906		STREET ADDRESS	Sue	ua Vista Hospit	ality Grow	LP, IMC
NAME STREET ADDRESS	BUENA VISTA HOSPITALITY GROU	Oneci Abbreso	10100 International Dr. # 2001				
CITY-SI-ZIP	2910 W. BAY TO BAY BLVD., SUIT TAMPA FL 33629	E 200	CITY-SI-ZIP	rlan	udo, FL 328.	21	
DOCUMENT#	P95000056875		STREET ADDRESS	<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP	MIRROR PROPERTIES CORP. 100 EAST MAIN STREET LAKELAND FL 33801		CITY-SI-ZIP	 -	95.715/0701049		500.00
DOCUMENT# NAME	EARLEAND I E 33001		STREET ADDRESS	•	,	 -	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS			•••	
CITY-ST-ZIP DOCUMENT #			CITY-ST-ZIP				
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP DOCUMENT			CITY-SI-ZIP				
NAME STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP *14:►1 hereby		this filing does not qualify for	the exemptions con	tained i	in Chapter 119 Florida Statutes	I further certify	that the information
14-1 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							
or the rec	on this report is true and accurate and t	that my signature shall have th	ne same legal effect a	as if ma	de under oath; that I am a Gene	eral Partner of the	e limited partnership