

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # A97000000903

1. Entity Name
HOTEL OPPORTUNITY, LTD.



Principal Place of Business
**10100 INTERNATIONAL DRIVE
SUITE 2001
ORLANDO, FL 32821**

Mailing Address
**10100 INTERNATIONAL DRIVE
SUITE 2001
ORLANDO, FL 32821**



01252008 No Chg-LP

CR2E003 (12/06)

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
10100 INTERNATIONAL DR #2001
ORLANDO, FL 32821**

**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, 2008, 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 **10100 INTERNATIONAL DR #2001**
CITY-ST-ZIP **ORLANDO, FL 32821**

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

DOCUMENT #
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U000000866583
04/08/08-80035-006 500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/08 407 352-7161
Date Daytime Phone

STAPLE CHECK HERE