


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B05000000522	
1. Entity Name LAKE MARY GARDEN HOTEL ASSOCIATES, LP	

Principal Place of Business 31525 WEST 12 MILE ROAD, SUITE LL 1 FARMINGTON HILLS, MI 48334	Mailing Address 31525 WEST 12 MILE ROAD, SUITE LL 1 FARMINGTON HILLS, MI 48334
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04272006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3428741	Applied For 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000005905	STREET ADDRESS	
NAME	LAKE MARY HOTEL, LLC	CITY-ST-ZIP	
STREET ADDRESS	31525 WEST 12 MILE ROAD, SUITE LL 1		
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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05/22/06--01029--029 **500.00

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: <u>Brock A. Huler CPA/AGENT</u>	X <u>4/28/06</u>	<u>866-717-1607</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

Brock A. HULER

STAPLE CHECK HERE