2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # B0500000522 1. Entity Name LAKE MARY GARDEN HOTEL ASSOCIATES, LP



FILED
May 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

31525 WEST 12 MILE ROAD, SUITE LL 1 FARMINGTON HILLS, MI 48334

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04192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3428741 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 ————————————————————————————————————		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		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 filled to change a general partner.		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION M05000005905 LAKE MARY HOTEL, LLC 31525 WEST 12 MILE ROAD, SUITE LL 1 FARMINGTON HILLS, MI 48334	U00000762481 05/29/07-80008-029 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS		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: X Rabin Orlando FBO DANIEL VOSOTAS

x 5/1/07

(248) 489-4333