

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**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**



04302008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

000000942297

05/29/08-80017-013 500.00

**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 # **M05000005905**  
NAME **LAKE MARY HOTEL, LLC**  
STREET ADDRESS **31525 WEST 12 MILE ROAD, SUITE LL 1**  
CITY-ST-ZIP **FARMINGTON HILLS, MI 48334**

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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:**

*Daniel J. Vosotas by M. Hult* **DANIEL J. VOSOTAS**

Date

Daytime Phone #

**4-29-08**

STAPLE CHECK HERE