

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

DOCUMENT # B06000000068

1. Entity Name  
WESTIN HOTEL MANAGEMENT, L.P.



FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1111 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

Mailing Address  
1111 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
2231 E. Camelback Rd.  
Suite, Apt. #, etc.  
Suite 400

City & State  
Phoenix

Zip  
85016

Country  
USA



04192007 Chg-LP CR2E003 (12/06)

4. FEI Number  
20-4131981

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 # P12438  
NAME STARWOOD HOTELS & RESORTS WORLDWIDE, INC.  
STREET ADDRESS 1111 WESTCHESTER AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10604

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200103612832  
CITY-ST-ZIP 05/31/07--01035--020 \*\*500.00

DOCUMENT # F06000000765  
NAME STARWOOD HOTELS & RESORTS MANAGEMENT COMP  
STREET ADDRESS 1111 WESTCHESTER AVENUE  
CITY-ST-ZIP WHITE PLAINS, NY 10604

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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: Peter Morrow 4/20/07 (602)852-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE