


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

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # B06000000068 1. Entity Name WESTIN HOTEL MANAGEMENT, L.P.	
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Principal Place of Business 1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	Mailing Address 2231 E. CAMELBACK RD SUITE 400 PHOENIX, AZ 85016
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04172008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4131981	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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 #	P12438
NAME	STARWOOD HOTELS & RESORTS WORLDWIDE, INC.
STREET ADDRESS	1111 WESTCHESTER AVENUE
CITY-ST-ZIP	WHITE PLAINS, NY 10604
DOCUMENT #	F06000000765
NAME	STARWOOD HOTELS & RESORTS MANAGEMENT COMP.
STREET ADDRESS	1111 WESTCHESTER AVENUE
CITY-ST-ZIP	WHITE PLAINS, NY 10604
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 4/18/08 (402) 852-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #