

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -9 PM 12:44



1. Name of Limited Partnership  
**AMERICAN GENERAL HOSPITALITY OPERATING PARTNERSHIP, L.P.**

1a. DOCUMENT #  
**B97000000151**

Mailing Address <b>C/O AMERICAN GENERAL HOSPITALITY, INC. 3860 W. NORTHWEST HIGHWAY, SUITE 300 DALLAS TX 75220</b>		Principal Office Address <b>C/O AMERICAN GENERAL HOSPITALITY, INC. 3860 W. NORTHWEST HIGHWAY, SUITE 300 DALLAS TX 75220</b>		3. Date Formed or Registered <b>03/17/1997</b>	5a. Capital Contributions as Shown on record. <b>\$250,000.00</b>
2. Mailing Address <b>5605 MacArthur Blvd Suite 1200 Irving, TX 75038</b>		2a. Principal Office Address <b>5605 MacArthur Blvd. Suite 1200 Irving, TX 75038</b>		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. <b>\$250,000.00</b>
City & State		City & State		4. State or Country of Formation <b>DE</b>	
Zip		Zip		6. FEI Number <b>75-2648837</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
--	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>AGH GP, INC.</b>	<b>3860 W. NORTHWEST HIG 5605 MacArthur Blvd. Suite 1200 Irving, TX 75038</b>	<b>DALLAS TX 75220 Irving, TX 75037</b>	<b>F97000001395</b>
			<b>100002456771--0 -03/13/98--01078--003 ****370.00 ****370.00</b>
		<b>dec</b>	<b>100002456771--0 -03/13/98--01078--004 ****156.25 ****156.25</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **12/1/97**  
 Typed or Printed Name of General Partner Signing Form **Bruce G. Wiles** Daytime Telephone Number **(972) 550-6800**

CR2E003 (6/97)