

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -9 PH 3: 21

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000151

MERISTAR HOSPITALITY OPERATING PARTNERSHIP, L.P.



Mailing Address

C/O AMERICAN GENERAL HOSPITALITY, INC.
5805 MACARTHUR BLVD., SUITE 1200
IRVING TX 75038

Principal Office Address

C/O AMERICAN GENERAL HOSPITALITY, INC.
5805 MACARTHUR BLVD., SUITE 1200
IRVING TX 75038

3. Date Formed or Registered

03/17/1997

5a. Capital Contributions as Shown on record

\$250,000.00

3a. Date of Last Report

03/09/1998

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

DE

6. FEI Number

75-2648837

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

c/o MeriStar Hospitality Corp
Suite, Apt. #, etc.
1010 Wisconsin Ave., NW
City & State
Washington, DC
Zip Country
20007 USA

2a. Principal Office Address

c/o MeriStar Hospitality Corp
Suite, Apt. #, etc.
1010 Wisconsin Ave., NW
City & State
Washington, DC
Zip Country
20007 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

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)

MERISTAR HOSPITALITY CORPORA

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1010 WISCONSIN AVE.,

11b. City, State & Zip Code

WASHINGTON DC 20007

11c. Registration/Document Number

F98000005169

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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 of 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

3/1/99

Typed or Printed Name of General Partner Signing Form

Christopher L. Bennett

Daytime Telephone Number

202-295-2316

CR2E003 (12/98)