

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000151

FILED

1. Entity Name

MERISTAR HOSPITALITY OPERATING PARTNERSHIP, L.P.

00 JAN 24 PM 1:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business C/O MERISTAR HOSPITALITY CORP. 1010 WISCONSIN AVE.. N.W. WASHINGTON DC 20007	Mailing Address C/O MERISTAR HOSPITALITY CORP. 1010 WISCONSIN AVE.. N.W. WASHINGTON DC 20007-3603
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **75-2648837**

Applied For
Not Applied

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$250,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000005169**
NAME **MERISTAR HOSPITALITY CORPORATION**
STREET ADDRESS **1010 WISCONSIN AVE NW**
CITY - ST - ZIP **WASHINGTON DC 20007**

STREET ADDRESS
CITY - ST - ZIP
100003113761--4
-01/27/00--01119--002
******526.25 ****526.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 620 Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/00 202-965-4456
Date Daytime Phone #