

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23451**

1. Entity Name

LQM OPERATING PARTNERS, L.P., A DELAWARE LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 29 AM 10:02

Principal Place of Business

112 E. PECAN ST.
SAN ANTONIO TX 78205

Mailing Address

POST OFFICE BOX 2636
SAN ANTONIO TX 78299-2636



2. Principal Place of Business

909 HIDDEN RIDGE

3. Mailing Address

POST OFFICE BOX 2636

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

ATTN: TAX DEPT

City & State

City & State

IRVING, TX

SAN ANTONIO, TX

4. FEI Number

74-2426230

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 S. 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.

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.

\$35,732,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **P11754**
NAME **LA QUINTA REALTY CORP.**
STREET ADDRESS **112 E PECAN ST**
CITY-ST-ZIP **SAN ANTONIO TX**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

909 HIDDEN RIDGE, SUITE 600

CITY-ST-ZIP

IRVING, TX 75038

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 or 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

LA QUINTA REALTY CORP.

JOHN F. SCHMUTZ

SR VP + SECRETARY 8/11/00

Date

Daytime Phone #

(214) 492-6600

CR2E003 (5/00)