

2000 UNIFORM BUSINESS REPORT (UBR)

0003806 AB

DOCUMENT # **A29764**

1. Entity Name

LA QUINTA DEVELOPMENT PARTNERS, LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

REINSTATEMENT 2000

Principal Place of Business

112 E. PECAN STREET
SAN ANTONIO TX 78205

Mailing Address

P.O. BOX 2636
SAN ANTONIO TX 78299-2636

2. Principal Place of Business

909 HIDDEN RIDGE

3. Mailing Address

P.O. BOX 2636

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

ATTN: TAX DEPT.

City & State

IRVING, TX

City & State

SAN ANTONIO, TX

Zip

75038

Country

U.S.

Zip

78299-2636

Country

U.S.

4. FEI Number

74-2564113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.

\$5,089,060.00

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 # **F07000005700 F00000005455**
NAME **MEDITRUST CORPORATION**
STREET ADDRESS **197 FIRST AVENUE, SUITE 300**
CITY-ST-ZIP **NEEDHAM HEIGHTS MA 02494**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **909 HIDDEN RIDGE, SUITE 600**
CITY-ST-ZIP **IRVING, TX 75038**

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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

JOHN F. SCHMUTZ

GENERAL COUNSEL

MEDITRUST CORPORATION

Date

Daytime Phone #

CR2E003 (5/00)