


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 29 AM 8:35

|                                                                                                          |                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A29764</b><br>1. Entity Name<br><b>LA QUINTA DEVELOPMENT PARTNERS, LIMITED PARTNERSHIP</b> |  |
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|                                                                                                         |                                                                                                                                   |
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| Principal Place of Business<br><b>909 HIDDEN RIDGE, SUITE 600<br/>                 IRVING, TX 75038</b> | Mailing Address<br><b>P.O. BOX 2636<br/>                 ATTN: TAX DEPARTMENT<br/>                 SAN ANTONIO, TX 78299-2636</b> |
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|                                                                              |                                                                                                                                       |
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| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br><b>909 Hidden Ridge<br/>                 Ste 600<br/>                 Irving, TX<br/>                 75038</b> |
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02232004 Chg-LP CR2E003 (10/03)

|                                                                                                                                                                             |                                                        |
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| 4. FEI Number<br><b>74-2564113</b>                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                 |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>                 1201 HAYS STREET<br/>                 TALLAHASSEE, FL 32301-2525</b> |                                                        |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                                    |                                                         |
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| 9. Capital Contributions as Shown on record. <b>\$5,089,060.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. |
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**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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>F00000005455<br/>LA QUINTA PROPERTIES, INC.<br/>909 HIDDEN RIDGE, SUITE 600<br/>IRVING, TX 75038</b> | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP | <b>0000002707152<br/>04/14/04--01015--001 **526.25</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                         | STREET ADDRESS<br>CITY - ST - ZIP |                                                        |

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **David P. Bradtke - v. P.** Daytime Phone # **214-492-6600**

**La Quinta Properties, Inc.**

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