

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001841

HOTEL VENTURE PARTNERS, LTD.



Mailing Address		Principal Office Address	
1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207		1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Formed or Registered: **11/29/1995**

3a. Date of Last Report: **11/18/1997**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on record: **\$66,600,000.00**

5b. Amount of Capital Contributions in FL (FUTA) to date: Applied For Not Applicable

6. FEI Number: **59-3352572**

7. Certificate of States Insured: \$8.75 Additional Fee Reported

8. Make Check payable to Dept. of State (State revenues schedule information)

9. Name and Address of Current Registered Agent

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

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
Suite, Apt. #, etc.: _____
City: _____

10. If changed, new Registered Agent Office

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). Thereby 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
PAH-HVP GENERAL PARTNER CORP	1950 STEMMONS FREEWAY	DALLAS TX 75207	F9800000191

2000012769092-2
02/09/99-01036-004
****526.25 ****526.25

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 included 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: *Lawrence S. Jones* DATE: **12/26/98**
Typed or Printed Name of General Partner Signing Form: **Lawrence S. Jones**
Daytime Telephone Number: **214/863-1000**

CR2E003 (8-99)