

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001841

1. Entity Name
HOTEL VENTURE PARTNERS, LTD.

Principal Place of Business: **1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207**
Mailing Address: **1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207-3107**

2. Principal Place of Business: **Same as above**
3. Mailing Address: **Same as above**

Suite, Apt. #, etc.: **"**

City & State: **k**

Zip: **k** Country: **k**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN -6 PM 1:33



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3352572** 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 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F98000000191 PAH-HVP GENERAL PARTNER CORP. 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	000003298130--0
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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] **SIGNATURE REQUIRED** **6/1/00** **214 863 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

C 000003298130--0