
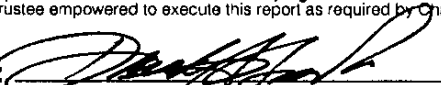


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # B04000000062		
1. Entity Name ASHFORD HOSPITALITY LIMITED PARTNERSHIP		
Principal Place of Business 14185 DALLAS PKWY SUITE 1100 DALLAS, TX 75254		Mailing Address 14185 DALLAS PKWY SUITE 1100 DALLAS, TX 75254
DO NOT WRITE IN THIS SPACE		
		01092007 No Chg-LP CR2E003 (12/06)
4. FEI Number 20-0110897		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		000000611154 02/02/07-80049-016 500.00
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 #	M04000000627	
NAME	ASHFORD OP GENERAL PARTNER LLC	
STREET ADDRESS	14185 DALLAS PARKWAY, SUITE 1100	
CITY-ST-ZIP	DALLAS, TX 75254	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
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CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		David A. Brooks 1/26/07 972-490-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE