2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B0400000123 REMINGTON LODGING & HOSPITALITY, L.P. 06 MAY 19 AM 9: 39 Principal Place of Business Mailing Address 14185 DALLS PKWY, SUITE 1150 14185 DALLAS PKWY SUITE 1150 DALLAS, TX 75254 DALLAS, TX 75254 04072006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0111553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. M04000001106 DOCUMENT # REMINGTON LODGING & HOSPITALITY, LLC NAME STREET ADDRESS 14185 DALLAS PKWY SUITE 1150 CITY-ST-ZIP DALLAS, TX 75254 100074416441 05/11/06--01007--001 **750.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIF IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # -STREET ADDRESS CITY-ST-7/P DOCUMENT

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: .

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

912-178-9271