

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:36

DOCUMENT # B04000000548

1. Entity Name
DHM TAMPA HOTEL LESSEE, L.P.



Principal Place of Business
% CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON, DE

Mailing Address
1001 N. U.S. HWY. 1, SUITE 800
JUPITER, FL 33477

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



02282005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-2120931

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEISSLER, ROBERT
STEARNS WEAVER MILLER WEISSLER ALHADEFF &
150 W. FLAGLER ST., SUITE 2200
MIAMI, FL 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phillip Hale* Phillip Hale, VP & Treasurer 2/28/05

9. Capital Contributions as Shown on record. \$99.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # | M04000005554 | STREET ADDRESS | |
| NAME | DHM TAMPA HOTEL LESSEE GP, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 1001 N US HWY 1, SUITE 800 | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | |
| DOCUMENT # | M04000005592 | STREET ADDRESS | |
| NAME | RIVERWALK GP LESSEE HOLDINGS LLC | CITY-ST-ZIP | |
| STREET ADDRESS | % 399 PARK AVE. | | |
| CITY-ST-ZIP | NEW YORK, NY 10022 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this form 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: *Phillip Hale* Phillip Hale, VP & Treasurer 2/28/05

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

STAPLE CHECK HERE