


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # B0400000548</b><br>1. Entity Name<br>DHM TAMPA HOTEL LESSEE, L.P. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                |                                                                        |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>% CORPORATION TRUST CENTER<br>1209 ORANGE ST.<br>WILMINGTON, DE | Mailing Address<br>1001 N. U.S. HWY. 1, SUITE 800<br>JUPITER, FL 33477 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

01092006 No Chg-LP CR2E003 (11/05)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-2120931                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registrar

WEISSLER, ROBERT  
STEARNS WEAVER MILLER WEISSLER ADEFF &  
150 W. FLAGLER ST., SUITE 2200  
MIAMI, FL 33130

**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 \_\_\_\_\_ 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.**

12. GENERAL PARTNER INFORMATION

|                |                                |
|----------------|--------------------------------|
| DOCUMENT #     | M0400000554                    |
| NAME           | DHM TAMPA HOTEL LESSEE GP, LLC |
| STREET ADDRESS | 1001 N US HWY 1, SUITE 800     |
| CITY-ST-ZIP    | JUPITER, FL 33477              |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| DOCUMENT #     |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

000066125840  
02/17/06--01013--002 \*\*500.00

**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: Lawrence Carballo Lawrence Carballo 1-9-06 561-207-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE