

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:36

DOCUMENT # B04000000549					
1. Entity Name DHM TAMPA HOTEL, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2120085	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WESSLER, ROBERT % STEARNS WEAVER MILLER WESSLER 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		Signature, typed or printed name of registered agent and title if applicable		DATE	
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 #	M04000005556		STREET ADDRESS		
NAME	DHM TAMPA HOTEL GP, LLC		CITY-ST-ZIP		
STREET ADDRESS	1001 N. U.S. HWY. 1, SUITE 800				
CITY-ST-ZIP	JUPITER, FL 33477				
DOCUMENT #	M04000005593		STREET ADDRESS	700049887397	
NAME	RIVERWALK GP HOLDINGS LLC		CITY-ST-ZIP	04/05/05--01015-013 **141.25	
STREET ADDRESS	% 399 PARK AVE.				
CITY-ST-ZIP	NEW YORK, NY 10022				
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP					
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, typed or printed name of signing general partner		Date	
		Phillip Hale, VP & Treasurer		2/28/05	
				561-207 2700	

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