

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 A
Secretary of State

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**



02082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2120085

Applied For
Not Applicable

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **M04000005556**
NAME **DHM TAMPA HOTEL GP, LLC**
STREET ADDRESS **1001 N. U.S. HWY. 1, SUITE 800**
CITY-ST-ZIP **JUPITER, FL 33477**

DOCUMENT # **M04000005593**
NAME **RIVERWALK GP HOLDINGS LLC**
STREET ADDRESS **% 399 PARK AVE.**
CITY-ST-ZIP **NEW YORK, NY 10022**

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U00000649505
03/07/07-80052-001 500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02/20/2007

STAPLE CHECK HERE