

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000068

1. Entity Name
WESTIN HOTEL MANAGEMENT, L.P.



FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**1111 WESTCHESTER AVENUE
 WHITE PLAINS, NY 10604**

Mailing Address
**1111 WESTCHESTER AVENUE
 WHITE PLAINS, NY 10604**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2231 E. Camelback Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Phoenix

Zip

Country

Zip

85016

Country

USA

04192007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-4131981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

**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 # **P12438**
 NAME **STARWOOD HOTELS & RESORTS WORLDWIDE, INC.**
 STREET ADDRESS **1111 WESTCHESTER AVENUE**
 CITY-ST-ZIP **WHITE PLAINS, NY 10604**

DOCUMENT # **F06000000765**
 NAME **STARWOOD HOTELS & RESORTS MANAGEMENT COMP**
 STREET ADDRESS **1111 WESTCHESTER AVENUE**
 CITY-ST-ZIP **WHITE PLAINS, NY 10604**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **200103612832**
 CITY-ST-ZIP **05/31/07--01035--020 **500.00**

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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: *Peter Morrow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/07 (602)852-2900
 Date Daytime Phone

STAPLE CHECK HERE