


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # B06000000068 1. Entity Name WESTIN HOTEL MANAGEMENT, L.P.	
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Principal Place of Business 1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	Mailing Address 2231 E. CAMELBACK RD SUITE 400 PHOENIX, AZ 85016
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04172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4131981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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.

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	05/20/08-80022-024 500.00
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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
DOCUMENT #	
NAME	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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:  **Peter Morrow** **4/18/08** **(402) 852-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE