



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000235						FILED 07 JUN -1 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name WQ HOTEL MANAGEMENT LP				Principal Place of Business 14185 DALLAS PARKWAY, SUITE 1150 DALLAS, TX 75254			
Mailing Address 14185 DALLAS PARKWAY, SUITE 1150 DALLAS, TX 75254							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04192007 Chg-LP CR2E003 (12/06)		4. FEI Number 20-4862034	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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				13. ADDRESS CHANGES ONLY			
DOCUMENT # M06000003058 NAME WQ HOTEL MANAGEMENT GP LLC STREET ADDRESS 14185 DALLAS PARKWAY, SUITE 1150 CITY-ST-ZIP DALLAS, TX 75254				STREET ADDRESS CITY-ST-ZIP			
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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: _____ by: WQ Hotel Management GP LLC, gen. ptr. Monty Bennett, mgr. 4/23/07 972-778-9417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

STAPLE CHECK HERE