

B94000000288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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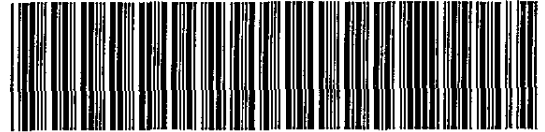
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Petersburg Florida Hotel Limited Partnership
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Polasek

(Name of Person)

Remington Hotel Corp.

(Firm/Company)

14185 Dallas Parkway, Ste. 1150

(Address)

Dallas, TX 75254

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Polasek

(Name of Person)

at (972) 778-9271

(Area Code & Daytime Telephone Number)

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of St. Petersburg Florida Hotel Limited
Partnership a (an) Limited Partnership, executed this
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of
the capital contributions of the limited partners allocated for the purpose of transacting
business in Florida is: \$ 9,746,955 .

Signed this _____ day of November , 20____

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FURTHER AFFLIANT SAYETH NOT.

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true,
to the best of my knowledge and belief.*

General Partner



FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**