

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB 11 PM 12:14



1. Name of Limited Partnership	1a. DOCUMENT # <b>B95000000007</b>
<b>SLT REALTY LIMITED PARTNERSHIP</b>	

Mailing Address <b>11845 WEST OLYMPIC BLVD., SUITE 550 LOS ANGELES CA 90064</b>	Principal Office Address <b>11845 WEST OLYMPIC BLVD., SUITE 550 LOS ANGELES CA 90064</b>
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3. Date Formed or Registered <b>01/06/1995</b>	5a. Capital Contributions as Shown on record. <b>\$382,760.00</b>
3a. Date of Last Report <b>01/03/1996</b>	
4. State or Country of Formation <b>DE</b>	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number <b>95-4509413</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)	

2. Mailing Address <b>2231 E. Camelback Rd. Suite, Apt. #, etc. #410 City &amp; State Phoenix Zip . Country 85016 Maricopa</b>	2a. Principal Office Address <b>2231 E. Camelback Rd. Suite, Apt. #, etc. #410 City &amp; State Phoenix Zip Country 85016 Maricopa</b>
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>STARWOOD LODGING TRUST</b>	<b>11845 WEST OLYMPIC BLK 2231 E. Camelback Rd. #410</b>	<b>LOS ANGELES, CA 90064 Phoenix, AZ 85016</b>	<b>699144x 699144</b>
			<b>200002090362--9 -02/18/97--01034--009 ****437.50 ****437.50</b>
			<b>200002090362--9 -02/18/97--01034--010 ****103.75 ****103.75</b>
		<b>New Fees</b>	<b>/KWM</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **12/31/96**

CR2E003 (6/96)