

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**

04 MAY 18 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MJD*



05042004 Chg-LP CR2E003 (10/03) *5/18*

|   |                                      |   |  |   |  |
|---|--------------------------------------|---|--|---|--|
| <b>DOCUMENT # B95000000007</b><br>1. Entity Name<br><b>SLT REALTY LIMITED PARTNERSHIP</b>   |                                      |   |  |   |  |
| Principal Place of Business<br><b>2231 E. CAMELBACK RD., #410<br/>         PHOENIX, AZ 85016</b>  |                                      |   | Mailing Address<br><b>2231 E. CAMELBACK RD., #410<br/>         PHOENIX, AZ 85016</b> |   |  |
| 2. Principal Place of Business<br><i>1111 Westchester Avenue</i><br>Suite, Apt. #, etc.   |                                      | 3. Mailing Address<br>Suite, Apt. #, etc.               |  |   |  |
| City & State<br><i>White Plains, NY</i>   |                                      | City & State  |  | 4. FEI Number<br><b>95-4509413</b>  |  |
| Zip<br><i>10604</i>   |                                      | Country<br><i>USA</i>                                   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C-T CORPORATION SYSTEM<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION, FL 33324</b>   |                                      |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |                                      |   |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$382,760.00</b>  |                                      | 10. Amount of Capital Contributions in FLORIDA to date. |  | - In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                      |   |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                                      |   | 13. ADDRESS CHANGES ONLY   |   |  |
| DOCUMENT #  | <b>699144</b>                        |   | STREET ADDRESS   |   |  |
| NAME  | <b>STARWOOD HOTELS &amp; RESORTS</b> |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | <b>2231 E. CAMELBACK RD., # 410</b>  |   |  |   |  |
| CITY-ST-ZIP   | <b>PHOENIX, AZ 85016</b>             |   |  |   |  |
| DOCUMENT #  |                                      |   | STREET ADDRESS   |   |  |
| NAME  |                                      |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                                      |   |  |   |  |
| CITY-ST-ZIP   |                                      |   |  |   |  |
| DOCUMENT #  |                                      |   | STREET ADDRESS   |   |  |
| NAME  |                                      |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                                      |   |  |   |  |
| CITY-ST-ZIP   |                                      |   |  |   |  |
| DOCUMENT #  |                                      |   | STREET ADDRESS   |   |  |
| NAME  |                                      |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                                      |   |  |   |  |
| CITY-ST-ZIP   |                                      |   |  |   |  |
| DOCUMENT #  |                                      |   | STREET ADDRESS   |   |  |
| NAME  |                                      |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                                      |   |  |   |  |
| CITY-ST-ZIP   |                                      |   |  |   |  |
| DOCUMENT #  |                                      |   | STREET ADDRESS   |   |  |
| NAME  |                                      |   | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  |                                      |   |  |   |  |
| CITY-ST-ZIP   |                                      |   |  |   |  |

**500037856775**  
 06/10/04--01090--004 \*\*526.25

STAPLE CHECK HERE

**SIGNATURE:**

*Peter Morrow*

*Peter Morrow*

*5-5-04*

*(602) 852-3900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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