

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED

2005 MAY -6 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000007

1. Entity Name  
SLT REALTY LIMITED PARTNERSHIP



Principal Place of Business  
1111 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

Mailing Address  
1111 WESTCHESTER AVENUE  
WHITE PLAINS, NY 10604

2. Principal Place of Business

3. Mailing Address

2231 E. Camelback Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 400

City & State

City & State

Phoenix, AZ

Zip

Country

Zip

Country

85016

04192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

95-4509413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

000055721360

06/03/05--01059--015 \*\*526.25

DATE

9. Capital Contributions  
as Shown on record.

\$382,760.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # 699144  
NAME STARWOOD HOTELS & RESORTS  
STREET ADDRESS 2231 E. CAMELBACK RD., # 410  
CITY-ST-ZIP PHOENIX, AZ 85016

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

*Peter Morrow*

Peter Morrow

4-25-05

(602)

852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE