

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 FEB 11 PM 12:13

1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000008**

**SLC OPERATING LIMITED PARTNERSHIP**



2-11

Mailing Address

11845 WEST OLYMPIC BLVD., SUITE 560  
LOS ANGELES CA 90064

Principal Office Address

11845 WEST OLYMPIC BLVD., SUITE 560  
LOS ANGELES CA 90064

3. Date Formed or Registered

01/06/1995

5a. Capital Contributions as  
Shown on record

\$64,170.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

DE

2. Mailing Address

2231 E. Camelback Rd.

2a. Principal Office Address

2231 E. Camelback Rd.

Suite, Apt. #, etc.

#400

Suite, Apt. #, etc.

#400

City & State

Phoenix, Arizona

City & State

Phoenix, Arizona

Zip

85016

Country

Maricopa

Zip

85016

Country

Maricopa

6. FEI Number

95-4509414

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

700002090367--3

Street Address (P.O. Box Number Is Not Acceptable)

02/18/97-01034-011

\*\*\*\*103.75 \*\*\*\*103.75

Suite, Apt. #, etc.

700002090367--3

City

02/18/97-01034-012

\*\*\*\*437.50 \*\*\*\*437.50

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

STARWOOD LODGING CORPORATION

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

P12438

COLUMBUS OPERATORS, INC.

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

F95000000097

HOTEL INVESTORS OF ARIZONA,

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

F95000000080

HOTEL INVESTORS OF MICHIGAN,

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

F95000000077

HOTEL INVESTORS OF VIRGINIA,

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

F95000000096

WESTERN HOST, INC.

11845 WEST OLYMPIC BL-  
2231 E. Camelback Rd. #400

LOS ANGELES CA 90064  
Phoenix, AZ 85016

F95000000095

**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

*Charles Mc Carin*

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)