

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 28 PM 1:02

1. Name of Limited Partnership

1a. DOCUMENT #  
B95000000008

SLC OPERATING LIMITED PARTNERSHIP



Mailing Address

2231 E. CAMELBACK RD., #400  
PHOENIX AR 85016

Principal Office Address

2231 E. CAMELBACK RD., #400  
PHOENIX AR 85016

3. Date Formed or Registered

01/06/1995

5a. Capital Contributions as  
Shown on record.

\$64,170.00

3a. Date of Last Report

10/20/1997

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

4. State or Country of Formation

DE

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 change, new Registered Agent/Office

Name

526.25

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

Suite, Apt. #, etc.

200002733412--5

City

01/07/98--01068--021

\*\*\*\*578.FL

\*\*\*\*526.25

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

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

P12438

✓ COLUMBUS OPERATORS, INC.

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

F95000000097

✓ HOTEL INVESTORS OF ARIZONA,

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

F95000000080

✓ HOTEL INVESTORS OF MICHIGAN,

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

F950000000

✓ HOTEL INVESTORS OF VIRGINIA,

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

F95000

✓ WESTERN HOST, INC.

2231 E. CAMELBACK RD.

PHOENIX AZ 85016

F95000

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

12/16/99

PETER MORROW

602/852-3900

CR2E003 (8/98)