


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # B950000000008	
1. Entity Name SLC OPERATING LIMITED PARTNERSHIP	

Principal Place of Business 2231 E. CAMELBACK RD., #400 PHOENIX AR 85016	Mailing Address 2231 E. CAMELBACK RD., #400 PHOENIX AR 85016
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2. Principal Place of Business 1111 Westchester Avenue	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State White Plains, NY	City & State
Zip 10604	Country USA



MOORE CR2E003 (11/03)

4. FEI Number 95-4509414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$64,170.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P12438	NAME STARWOOD LODGING CORPORATION	STREET ADDRESS 2231 E. CAMELBACK RD. #400	CITY-ST-ZIP PHOENIX AZ 85016
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04/27/04-80004-020-526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4-14-04 (602) 852-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #