

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 11:41

DOCUMENT # B95000000008

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

2. Principal Place of Business
1111 Westchester Ave.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04192005 Chg-LP CR2E003 (10/03)

City & State
White Plains, NY
Zip
10604
Country

City & State
AZ
Zip
Country

4. FEI Number
95-4509414
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 _____ 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.

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

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

(602) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE