

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B96000000348**



1. Entity Name  
**PAH-DT MIAMI AIRPORT PARTNERS, LP.**

**FILED**

**03 FEB 20 AM 4:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207</b>	Mailing Address <b>1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2003**

4. FEI Number <b>75-2669765</b>	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**

**THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. <b>\$13,883,947.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	<b>B95000000338</b>	STREET ADDRESS	
NAME	<b>PATRIOT AMERICAN HOSPITALITY PARTNRSHP, LP</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1950 STEMMONS FREEWAY, SUITE 6001</b>		
CITY-ST-ZIP	<b>DALLAS TX 75207</b>		
DOCUMENT #		STREET ADDRESS	<b>400012708714</b>
NAME		CITY-ST-ZIP	<b>02/18/03--01069--018 **\$26.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: **Mark M. Chloupek**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Vice-President**      Date: **2/6/03**      Daytime Phone #: **214-863-1285**

CR2E003 (10/02)