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

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 NOV 26 AM 10: 55

1. Name of Limited Partnership

1a. DOCUMENT #

B96000000367

| | | ~ . | | | | |
|--|---|--|---|--|--|--|
| PAH-DT Tallahassee Par | tners, L.P. | | , | | | |
| | | | 0012/4 | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record | | |
| , | , | | 09/20/96 | | 00,000.00 | |
| | | | 3a. Date of Last Report | | | |
| | | | | 5b. Amou | nt of Capital butions in FLORIDA | |
| | 100 000000 | 4 | 4. State or Country of Formation | to date | | |
| 2. Mailing Address 3030 LBJ Freeway | 28. Principal Office Add | | Delaware | \$10,1 | \$10,125,000.00 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | · • | | 6. FEI Number 75−2669414 Applied For Not Applicable | | |
| Suite 1500 | Suite 1500 | Suite 1500 City & State | | | | |
| City & State Dallas, Texas | Dallas, Texa | as | 7. Certificate of Status Desired | | \$8.75 Additional | |
| Zip Country | Zıp | Country | 8. Make check payable to: Dept | of State (See reve | Fee Required erse side for fee information | |
| 75234 USA | 75234 | USA | | | | |
| 9. Name and Address of C | | 10. If changed, new Registered Agent/Office | | | | |
| 0m 0 | | Name | | | | |
| CT Corporation System 1200 South Pine Island | Street Add | Street Address (P.O. Box Number Is Not Acceptable) | | | | |
| Plantation, Florida 33324 | | Suite, Apt. | Suite, Apt. #, etc. | | | |
| • | | City | | FŁ | Z ₁ p Code | |
| for the purpose of changing its registered of agent. I am familiar with, and accept the obl | ffice or registered agent, or both, in the St ligations of section 620 192, Florida Statul | late of Florida. Such cha | ership organized or registered under the laws onge was authorized by its general partner(s). If | If the State of Flori ereby accept the | da, submits this statement appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH | | ON. LIMITED | | | NESS ENTITY | |
| M | <u>IUST BE REGISTERE</u> | D AND ACTI | VE WITH THIS OFFICE. | | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each | ch General Partner t Office Box Numbers) | 11b. City, State & Zip Code | 11c. | Registration/ Document Number | |
| Patriot American Hospitality Partnership | | | Dallas, Texas 75234 B99 | | 00000338 | |
| | | | 00000 -12/ *** | 2021 (05/96(*876.25 | ©605 01063013 ****576.25 | |
| | | | | | The state of the s | |
| . C | | | | | | |
| Note: General partners MAY | NOT be changed on thi | e form: an am | endment must be filed to c | hange e g | anarai nartner | |

| 12. | t do hereby certify that the information supplied with this filling 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 |
| | tris annual report is true and accurate and that my signalore 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 trusted |
| | this annual report is true and accurate and that my signalore 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 trusteempowered to execute this report as required by chapter 620. Florida Statutes By: Putriot American Hospitality Putariship, Lift. |
| | 1 On Building the Local Medical |

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Rex E. Stewart, Secretary Dayli

Daytime Telephone Numbe (972) 888 -8000

CR2E003 (6/96)