

**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
99 JAN 11 PM 3:46

1. Name of Limited Partnership		1a. DOCUMENT # B96000000367	
PAH-DT TALLAHASSEE PARTNERS, L.P.			
Mailing Address	Principal Office Address		
1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		



3. Date Formed or Registered	5a. Capital Contributions as Shown on record
09/20/1996	\$11,500,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL OR DA to date
07/06/1998	
4. State or Country of Formation	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
DE	
6. FEI Number	7. Certificate of Status Desired
75-2669414	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make Check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:

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
PATRIOT AMERICAN HOSPITALITY Partnership	1950 STEMMONS FREEWAY	DALLAS TX 75207	B95000000338

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 <i>Lawrence S. Jones</i>	DATE 12/28/98
Typed or Printed Name of General Partner Signing Form: Lawrence S. Jones	Daytime Telephone Number: 214/863-1000

CR2E003 (8/98)