

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000367**

1. Entity Name

**PAH-DT TALLAHASSEE PARTNERS, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN -6 PM 1:33

Principal Place of Business <b>1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	Mailing Address <b>1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207-3107</b>
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2. Principal Place of Business <b>same as above</b>		3. Mailing Address <b>same as above</b>	
Suite, Apt. #, etc. <b>"</b>		Suite, Apt. #, etc. <b>"</b>	
City & State <b>"</b>		City & State <b>"</b>	
Zip <b>75207</b>	Country <b>"</b>	Zip <b>"</b>	Country <b>"</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>75-2669414</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$17,709,315.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 PARTNERSHP,LP</b>	CITY-ST-ZIP
STREET ADDRESS <b>1950 STEMMONS FREEWAY, SUITE 6001</b>	STREET ADDRESS
CITY-ST-ZIP <b>DALLAS TX 75207</b>	CITY-ST-ZIP
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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NAME	CITY-ST-ZIP
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	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: **SCHMIDT** **SIGNATURE REQUIRED** **6/1/00** **214 863 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)