

2000 UNIFORM BUSINESS REPORT (UBR)

0014100
NY 06/07/00

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

DOCUMENT # B96000000367

1. Entity Name
PAH-DT TALLAHASSEE PARTNERS, L.P.

Principal Place of Business 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	Mailing Address 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207-3107
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business same as above	3. Mailing Address same as above
Suite, Apt. #, etc. "	Suite, Apt. #, etc. "
City & State "	City & State "
Zip " Country "	Zip " Country "

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

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 _____
Signature, typed or printed name of registered agent and title if applicable (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

DOCUMENT # B95000000338	NAME PATRIOT AMERICAN HOSPITALITY PARTNERSHP, LP
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001	CITY - ST - ZIP DALLAS TX 75207
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP

200003298122-5
-06/21/00--01006--001
*****526.25 *****526.25

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: SIGNATURE REQUIRED **6/11/00** **214 863 1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)