


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ Zip: _____ Country: _____

4. FEI Number: 75-2669414
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

03292004 Chg-LP CR2E003 (10/03)

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. 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: \$17,709,315.00
 10. Amount of Capital Contributions in FLORIDA to date: _____

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 #	B95000000338	STREET ADDRESS	
NAME	PATRIOT AMERICAN HOSPITALITY PARTNERSHP, LP	CITY - ST - ZIP	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		
CITY - ST - ZIP	DALLAS, TX 75207		
DOCUMENT #		STREET ADDRESS	U00000145946
NAME		CITY - ST - ZIP	05/03/2004-80045-016 526.25
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CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 4-2-04 214 863 1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #