## **2000 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # B9600000383  1. Entity Name						SECRETARY OF STATE DIVISION OF CORPORATIONS		
IHC REALTY PARTNERSHIP, L.P.								
Principal Place	o of Business		00 JUN -6 PM 1:33					
Principal Place of Business Mailing Address				1510				
C/O WYNDHAM INTERNATIONAL, INC.  1950 STEMMONS FREEWAY, SHITE 6003  1950 STEMMONS FREEWAY					Į			
1950 STEMMONS FREEWAY, SUITE 6001 1950 STEMMONS FREEWAY DALLAS TX 75207 DALLAS TX 75207-3107				E 0001	,			
DALLAS IX 15201						: <b>1111</b>	<b>                                    </b>	
2. Principal Place of Business 3. Mailing Address					_			
Sam	e as above	3. Mailing Address Same as above						
Suite, Apt. #, etc.		Suite, Apt. #, etc. y		DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For				
City & State	i li	City & State		4. FEI Number	25-1792961	Not Applicable		
Zip	Country Le	Zip C:	Couin	try Li	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
			_	Name				
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET				Street Address (1.0. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301								
				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 Col		butions		11. MAKE CHECK PAYABL SEE REVERSE SIDE FO	E TO DEPT. OF STATE DR 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 #	IHC REALTY CORPORATION 1950 STEMMONS FRWY., SUITE 6001			STREET ADDRESS				
NAME								
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indicated the receiv	pertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	that my signature shall have the report as required by Chapte	ine exe he sam er 620,	ampuon stated in e legal effect as Florida Statutes	if made under oath;	that I am a General Partner of	of the limited partnership or	