

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

**DOCUMENT # B96000000383**

1. Entity Name  
**IHC REALTY PARTNERSHIP, L.P.**



Principal Place of Business  
**C/O WYNDHAM INTERNATIONAL, INC.  
1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS, TX 75207**

Mailing Address  
**C/O WYNDHAM INTERNATIONAL, INC.  
1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS, TX 75207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**25-1792961**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$100,472,081.00**

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 # **F96000005047**  
NAME **IHC REALTY CORPORATION**  
STREET ADDRESS **1950 STEMMONS FRWY., SUITE 6001**  
CITY - ST - ZIP **DALLAS, TX 75207**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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**1100000145828**  
**05/03/04-80045-010 526.25**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Mark M. Chloupek**

Date

Daytime Phone #

**4-2-04 214 862 1000**

STAPLE CHECK HERE