2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

B96000000383 DOCUMENT

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



FILED 03 FEB 20 AM 4: 21 Principal Place of Business
C/O WYNDHAM INTERNATIONAL. INC. Mailing Address C/O WYNDHAM INTERNATIONAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA 1950 STEMMONS FREEWAY, SUITE 6001 1950 STEMMONS FREEWAY. SUITE 6001 DALLAS TX 75207 DALLAS TX 75207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 25-1792961 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. 9. Capital Contributions \$100,472,081.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY F96000005047 DOCUMENT # STREET ADDRESS **IHC REALTY CORPORATION** NAME 1950 STEMMONS FRWY., SUITE 6001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75207 <u>000012708750</u> 02/18/03--01069--019 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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 applie this report as required by Chapter 620, Florida Statutes

Mark M. Chloupek

SIGNATURE:

CITY-ST-ZIP

JUVice-President /

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214-863-1283