

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000281

1. Entity Name

DT-TALLAHASSEE, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

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 75207-3107



2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

"

Suite, Apt. #, etc.

"

City & State

"

City & State

"

4. FEI Number

75-2669414

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

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.

\$0.00

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 # M99000001010  
NAME DT-TALLAHASSEE GP, LLC  
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001  
CITY-ST-ZIP DALLAS TX 75207

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

000003386260--8  
-09/08/00-01027--014  
\*\*\*\*400.00 \*\*\*\*400.00

CITY-ST-ZIP

STREET ADDRESS

000003386260--8  
-09/08/00-01027--015  
\*\*\*\*141.25 \*\*\*\*141.25

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 REQUIRED**

6/1/00

Date

2148631000

Daytime Phone #

CR2E003 (9/99)