

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90224 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000000191 1. Corporation Name PAH-HVP GENERAL PARTNER CORP.			
Principal Place of Business 1950 STEMMONS FREEWAY. #6001 DALLAS TX 75207		Mailing Address 1950 STEMMONS FREEWAY. #6001 DALLAS TX 75207	
2. Principal Place of Business 21 Same		2a. Mailing Address 26 Same	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Country 30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE TDCE		1.1 TITLE Dir	
NAME NUSSBAUM, PAUL A		1.2 NAME James D. Carreker	
STREET ADDRESS 1950 STEMMONS FRWY., #6001		1.3 STREET ADDRESS 1950 Stemmons Frwy #6001	
CITY-ST-ZIP DALLAS TX 75207		1.4 CITY-ST-ZIP Dallas, TX 75207	
TITLE PSD		2.1 TITLE Pres	
NAME EVANS, WILLIAM W		2.2 NAME William W. Evans III	
STREET ADDRESS 1950 STEMMONS FRWY., #6001		2.3 STREET ADDRESS 590 Madison Avenue	
CITY-ST-ZIP DALLAS TX 75207		2.4 CITY-ST-ZIP New York City, NY 10022	
TITLE VS		3.1 TITLE Treas	
NAME STEWART, REX E		3.2 NAME Lawrence S. Jones	
STREET ADDRESS 1950 STEMMONS FRWY., #6001		3.3 STREET ADDRESS 1950 Stemmons Frwy #6001	
CITY-ST-ZIP DALLAS TX 75207		3.4 CITY-ST-ZIP Dallas, TX 75207	
TITLE S		4.1 TITLE Sec	
NAME LEE, CARL B		4.2 NAME Carla S. Moreland	
STREET ADDRESS 1700 PACIFIC AVE., #4100		4.3 STREET ADDRESS 1950 Stemmons Frwy #6001	
CITY-ST-ZIP DALLAS TX 75201		4.4 CITY-ST-ZIP Dallas, TX 75207	
TITLE D		5.1 TITLE Sec	
NAME FERRUCCI, MARK		5.2 NAME Carla S. Moreland	
STREET ADDRESS 1209 ORANGE ST.		5.3 STREET ADDRESS 1950 Stemmons Frwy #6001	
CITY-ST-ZIP WILMINGTON DE 19801		5.4 CITY-ST-ZIP Dallas, TX 75207	
TITLE 		6.1 TITLE 	
NAME 		6.2 NAME 	
STREET ADDRESS 		6.3 STREET ADDRESS 	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP 	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/07/1998	
4. FEI Number 75-2767212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence S. Jones* **Lawrence S. Jones, Treas** **214/863-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)