## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # M00000001077** 1. Entity Name DON CESAR HOLDINGS, LLC Principal Place of Business Mailing Address 1950 STEMMONS FREEWAY, SUITE 6001 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207 DALLAS, TX 75207 03292004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2771994 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 U00000126992 04/23/04-80057-012 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE WYNDHAM INT'L OPERATING PARTNERSHIP, L.P. NAME 1950 STEMMONS FREEWAY, SUITE 6001 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75207 NAME STREET ADDRESS CITY-ST-ZIP TILLE STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE

11. 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 managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Mark M. Chloupek

4-2-04

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davlime Phone #