


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		• FILED 99 MAY 18 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000640 WYNDHAM HPT LESSEE LLC 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207		1a. Principal Place of Business Address 1950 STEMMONS FREEWAY, SUITE DALLAS TX 75207											
2. Principal Place of Business Same		2a. Mailing Address Same		3. Date Organized or Qualified 06/17/1998									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation DE									
City & State		City & State		4. FEI Number 75-2767210 APPLIED FOR									
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable									
Zip		Country		5. Date of Last Report									
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code											
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td> PATRIOT AMERICAN HOSP. Wyndham International Operating Partnership 1950 Stemmons Freeway Suite 6001 </td> <td> 1950 STEMMONS FREEWAY, SUITE 1950 Stemmons Freeway Suite 6001 </td> <td> DALLAS TX Dallas, TX 75207 </td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	PATRIOT AMERICAN HOSP. Wyndham International Operating Partnership 1950 Stemmons Freeway Suite 6001	1950 STEMMONS FREEWAY, SUITE 1950 Stemmons Freeway Suite 6001	DALLAS TX Dallas, TX 75207
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11. I do 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.													
SIGNATURE: <i>Lawrence S. Jones</i>		Lawrence S. Jones, Treas Wyndham International Operating Partnership											