

2000 UNIFORM BUSINESS REPORT (UBR)

0015649 AF

DOCUMENT # **M98000000640**

1. Entity Name
WYNDHAM HPT LESSEE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207

Mailing Address
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 **"**

Zip **"** Country **"**

- Zip **"** Country **"**

4. FEI Number **75-2767210**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WYNDHAM INTERNATIONAL OPERATING PARTNERSHI**
CITY-ST-ZIP **1950 STEMMONS FREEWAY, SUITE 6001**
DALLAS TX 75207

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **400003351194--6**
STREET ADDRESS **-08/09/00--01086--011**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/1/00 214 863 1000

Date Daytime Phone #

CR2E083 (9/99)