2001 UNIFORM BUSINESS REPORT (UBR)

				_	•		
DOCUMENT # M9800000640				FILED			
WYNDHAM HPT LESSEE LLC				O MAY AM 9: 31			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1950 STEMMO	INS FREEWAY, SUITE 6001	1950 STEMMONS FREEW/	ay. Suite 6001				
2. Principal Place of Business 3. M		3. Mailing Address	lailing Address		<u> </u>	Alli Bigii dell'Abbi	
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
City & State Ci		City & State			67210	Applied For Not Applicable	
Zip	Country .	Zip	Country	5. Certificate of Status De	Fee Requ	Additional uired	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of	New Registered Agent		
Name							
C T CORPORATION SYSTEM			Street Address (P.O. Box Number is Not Acceptable)				
	ITH PINE ISLAND ROAD		-		1		
PLANTATI	ON FL 33324						
			City		FL Zip C	ode	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or registe	ered agent, or both, in the Sta	te of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).							
		Ell E N/	OW!!! FEE IS \$50.00	,	İ		
			yable to Department		1		
9.	MANAGING MEMB	BERS/MEMBERS	10.	ADDITIONS/CHANGES			
TITLE	MGRM Detete		TITLE		☐ Chan	ge 🔲 Addition	
NAME	WYNDHAM INTERNATIONAL OPERATING PARTNERSHI		NAME	•			
STREET ADDRESS	STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 600		STREET ADDRESS		ł		
CITY-ST-ZIP	DALLAS TX 75207	-	CITY-ST-ZIP				
TITLE .		☐ Defete	TITLE NAME	~~~~	Chan	_	
STREET ADDRESS			STREET ADDRESS		943 7681 2 \$/08/01-01007	2——4 005	
CITY-ST-ZIP			CITY-ST-ZIP	*x	****50 <u>.00</u> ****		
_TITLE					Chan	ge Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	1	· •	STREET ADDRESS CITY-ST-ZIP		:		
TITLE	*	☐ Defete	TITLE		; Chan	ge	
NAME		□ Delete	NAME		CT Outly	Jo	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	, ,	, , , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP		!		
TITLE .	•	☐ Detete	TITLE		☐ Chan	ge Addition	
STREET ADDRESS	·		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		•		
TITLE		☐ Delete	TITLE		Chan	ge	
NAME <u>•</u>			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	, , ,		CITY-ST-ZIP			<u></u>	
11. I hereby of indicated	ertify that the information supplied with on this report is true and accurate and	n this filing does not qualify for I that my signature shall have t	the exemption stated in S the same legal effect as if	Section 119.07(3)(i), Florida St made under oath; that I am a	atutes. I further certify that the name of the state of t	ne information ager of the	

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

4/38 / 01 2/

Daytime Phone #