

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90106 040 ****50.00

961211

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000640

1. Entity Name

WYNDHAM HPT LESSEE LLC

Principal Place of Business

**1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207**

Mailing Address

**1950 STEMMONS FREEWAY, SUITE 6001
DALLAS TX 75207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-2767210**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS****10. ADDITIONS / CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WYNDHAM INTERNATIONAL OPERATING PARTNERSHI	
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001	
CITY-ST-ZIP	DALLAS TX 75207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E083 (9/01)