2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000000640

1. Entity Name

Principal Place of Business

WYNDHAM HPT LESSEE LLC



Mailing Address

1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207

1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207

FILED Apr 23, 2004 08:00 AM Secretary of State



03172004 No Chg-LLC

CR2E083 (10/03)

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

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	named entity submits this statement for the purpose of changing its registerions of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		The second secon
	Signature, typed or printed name of registered agent and title if applicable (NOTE. Register	ed Agent signature required when reinstang) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004	1100000126846 04/23/04-80050-009 50. 00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNDHAM INTERNATIONAL OPERATING PARTNERSHI 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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:

Mark M. Chloupek

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

4-2-04

214865/000

Date

Daytime Phone #