

2000 UNIFORM BUSINESS REPORT (UBR)

0014781 - A

DOCUMENT # B96000000348

1. Entity Name
PAH-DT MIAMI AIRPORT PARTNERS, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25



Principal Place of Business 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207	Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207-3107
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2. Principal Place of Business <i>same as above</i>	3. Mailing Address <i>same as above</i>
Suite, Apt. #, etc. "	Suite, Apt. #, etc. "
City & State "	City & State "
Zip "	Country "

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2669765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. Capital Contributions as Shown on record. \$13,883,947.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	B95000000338 PATRIOT AMERICAN HOSPITALITY PARTNRSHP, LP 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	STREET ADDRESS	700003349487--6 -03/03/00--01071--029
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	***400.00 ***400.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	700003349487--6 -03/03/00--01071--030
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	***526.25 ***526.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED **6/1/00** **214 863 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #