

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000281

1. Entity Name

DT-TALLAHASSEE, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02



Principal Place of Business C/O WYNDHAM INTERNATIONAL INC. 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207	Mailing Address C/O WYNDHAM INTERNATIONAL INC. 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. <i>"</i>	Suite, Apt. #, etc. <i>"</i>
City & State <i>"</i>	City & State <i>"</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>75-2669414</i>	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____

9. Capital Contributions as Shown on record. \$0.00	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 # M99000001010	NAME DT-TALLAHASSEE GP, LLC	STREET ADDRESS	000003386260--8
STREET ADDRESS 1950 STEMMONS FREEWAY, SUITE 6001	CITY-ST-ZIP DALLAS TX 75207	CITY-ST-ZIP	-09/08/00--01027--014
			****400.00 ****400.00
DOCUMENT #	NAME	STREET ADDRESS	000003386260--8
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	-09/08/00--01027--015
			****141.25 ****141.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** *6/1/00* *2148631000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)