

2002 UNIFORM BUSINESS REPORT (UBR)

0017055 AT

DOCUMENT # **B99000000281**

1. Entity Name

DT-TALLAHASSEE, L.P.

FILED

MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **75-2669414** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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**

**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	STREET ADDRESS	CITY-ST-ZIP
M99000001010	DT-TALLAHASSEE GP, LLC	1950 STEMMONS FREEWAY, SUITE 6001	DALLAS TX 75207	600005554216--5	-05/16/02--01021--008 ***141.25 ***141.25

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]* **4-29-02 2148631000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)