

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017052 AT

**DOCUMENT # B96000000348**

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

APPROVED AND FILED

02 MAY 30 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

Zip Country

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **75-2669765**

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

~~THE PRENTICE-HALL CORPORATION SYSTEM  
1201 HAYS STREET  
TALLAHASSEE FL 32301~~

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. **\$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**

**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 # **B95000000338**  
NAME **PATRIOT AMERICAN HOSPITALITY PARTNRSHP, LP**  
STREET ADDRESS **1950 STEMMONS FREEWAY, SUITE 6001**  
CITY-ST-ZIP **DALLAS TX 75207**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **000005725790--9**  
CITY-ST-ZIP **06/07/02-01052-009  
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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** **214863100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)