

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # B9900000281

1. Entity Name
DT-TALLAHASSEE, L.P.



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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
75-2669414

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP DALLAS, TX 75207

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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05/24/05-80003-023 141.25

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STREET ADDRESS

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

[Handwritten Signature] SUP/Asst Sec 4-29-05 214 863 1005

STAPLE CHECK HERE

[Handwritten Initials]