


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

|  |   |
|--|---|
| <b>DOCUMENT # B02000000161</b><br>1. Entity Name<br><b>WXI/MLM/W SUB REAL ESTATE LIMITED PARTNERSHIP</b> |  |
|--|---|

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 APR 30 AM 11:44



MOORE CR2E003 (11/03)

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br>600 E LAS OLAS BLVD., SUITE 400<br>LEGAL DEPT.<br>IRVING TX 75039 |         | Mailing Address<br>600 E LAS OLAS BLVD., SUITE 400<br>LEGAL DEPT.<br>IRVING TX 75039 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>75-2780476</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |  |  |
|---|--|--|
| 9. Capital Contributions as Shown on record. <b>\$12,281,826.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. <b>12,281,826.00</b> | 11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|---|--|--|

**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 #                      | M02000001256                  | STREET ADDRESS           | 600 E Las Colinas Blvd., Suite 400 |
| NAME                            | WXI/MLM/W SUB GEN-PAR, L.L.C. | CITY-ST-ZIP              | Irving, TX 75039                   |
| STREET ADDRESS                  | 85 BROAD STREET               | STREET ADDRESS           |                                    |
| CITY-ST-ZIP                     | NEW YORK NY 10004             | CITY-ST-ZIP              |                                    |
| DOCUMENT #                      |                               | STREET ADDRESS           |                                    |
| NAME                            |                               | CITY-ST-ZIP              |                                    |
| STREET ADDRESS                  |                               | STREET ADDRESS           |                                    |
| CITY-ST-ZIP                     |                               | CITY-ST-ZIP              |                                    |
| DOCUMENT #                      |                               | STREET ADDRESS           |                                    |
| NAME                            |                               | CITY-ST-ZIP              |                                    |
| STREET ADDRESS                  |                               | STREET ADDRESS           |                                    |
| CITY-ST-ZIP                     |                               | CITY-ST-ZIP              |                                    |
| DOCUMENT #                      |                               | STREET ADDRESS           |                                    |
| NAME                            |                               | CITY-ST-ZIP              |                                    |
| STREET ADDRESS                  |                               | STREET ADDRESS           |                                    |
| CITY-ST-ZIP                     |                               | CITY-ST-ZIP              |                                    |

**400036194974**  
**05/12/04--01035--028 \*\*576.25**

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:**  **Assistant Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE