


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

FILED

2005 MAY -6 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B02000000161				
1. Entity Name WXI/MLM/W SUB REAL ESTATE LIMITED PARTNERSHIP				
Principal Place of Business 600 E LAS OLAS BLVD., SUITE 400 LEGAL DEPT. IRVING, TX 75039		Mailing Address 600 E LAS OLAS BLVD., SUITE 400 LEGAL DEPT. IRVING, TX 75039		
2. Principal Place of Business 600 E Las Colinas Blvd Suite, Apt. #, etc.		3. Mailing Address 600 E Las Colinas Blvd Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 75-2780476 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02112005 Chg-LP CR2E003 (10/03)
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$12,281,826.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00		
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	180 Maiden Lane, 40th Floor
NAME	WXI/MLM/W SUB GEN-PAR, L.L.C.		CITY-ST-ZIP	New York, NY 10038-4958
STREET ADDRESS	85 BROAD STREET			
CITY-ST-ZIP	NEW YORK, NY 10004			
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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)(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: <u><i>Don K. Boyer</i></u>			Assistant Secretary of General Partner	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

\$141.25