

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000161

1. Entity Name
WXI/MLM/W SUB REAL ESTATE LIMITED PARTNERSHIP



FILED

03 MAY 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
85 BROAD STREET
NEW YORK NY 10004

Mailing Address
85 BROAD STREET
NEW YORK NY 10004

2. Principal Place of Business
600 E Las Colinas Blvd

3. Mailing Address
600 E Las Colinas Blvd

Suite, Apt. #, etc.

Suite 400, Legal Dept

Suite, Apt. #, etc.

Suite 400, Legal Dept

City & State

Irving, Texas

City & State

Irving, Texas

Zip

75039

Country

Zip

75039

Country

DUE BY MAY 1, 2003

4. FEI Number

75-2780476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

DATE

9. Capital Contributions
as Shown on record.

\$99.99

10. Amount of Capital Contributions
in FLORIDA to date.

12,281,826.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # M02000001256
NAME WXI/MLM/W SUB GEN-PAR, L.L.C.
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Signature Required

Assistant Secretary

4/25/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

of General Partner

Daytime Phone #

CR2E003 (10/02)

0006190 AT