

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006190  
AT

**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**

City & State  
**Irving, Texas**

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M02000001256</b>	STREET ADDRESS	
NAME	<b>WXI/MLM/W SUB GEN-PAR, L.L.C.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>85 BROAD STREET</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10004</b>		
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**05/02/03--01064--005 \*\*2276.25**

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:** *Rick Wagner* **ASSISTANT SECRETARY** **4/25/2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *of General Partner* Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)