

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