

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED** 12/1/26

**99 JAN -5 AM 10:38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Name of Limited Partnership**

**1a. DOCUMENT #**  
B93000000483

WH-JER TE-TWO INVESTORS, LP

**Mailing Address**

600 E Las Colinas Blvd  
Suite 1900  
Irving, TX 75039

**Principal Office Address**

600 E Las Colinas Blvd  
Suite 1900  
Irving, TX 75039

**3. Date Formed or Registered**

11/10/93

**3a. Date of Last Report**

**5a. Capital Contributions as  
Shown on record**

\$14,926,426.64

**5b. Amount of Capital  
Contributions in FLORIDA  
to date**

\$14,926,426.64

**4. State or Country of Formation**

Delaware

**2. Mailing Address**

600 E Las Colinas Blvd

**2a. Principal Office Address**

600 E Las Colinas Blvd

Suite, Apt. #, etc.  
Suite 1900

Suite, Apt. #, etc.  
Suite 1900

City & State  
Irving, TX

City & State  
Irving, TX

Zip Country  
75039

Zip Country  
75039

**6. FEI Number**

54-1674756

☐ Applied For  
☐ Not Applicable

**7. Certificate of Status Desired**

☐ \$9.75 Additional  
Fee Required

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**9. Name and Address of Current Registered Agent**

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

**10. If changed, new Registered Agent/Office**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name(s) of General Partner(s)**

WH TE-Two Investors  
Gen-Par, Inc.

**11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

85 Broad Street  
19th Floor

**11b. City, State & Zip Code**

New York, NY 10004

**11c. Registration/  
Document Number**

F96000004659

2000002770422--8  
-02/09/99--01093--039  
\*\*\*\*F85.00 \*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Richard Frapart*

DATE

12/29/98

Richard Frapart, Asst Vice President of WH TE-Two Investors Gen-Par, Inc.

Typed or Printed Name of General Partner Signing Form

General Partner

Daytime Telephone Number

972/832-2200

CR2E003 (8/98)