

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016113 AF

DOCUMENT # B93000000483

1. Entity Name

WH-JER TE-TWO INVESTORS LIMITED PARTNERSHIP

Principal Place of Business

600 E. LAS COLINAS BLVD., STE. 1900  
IRVING TX 75039

Mailing Address

600 E. LAS COLINAS BLVD., STE. 1900  
IRVING TX 75039

FILED

01 APR 27 PM 6:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 E. Las Colinas Blvd.

Suite, Apt. #, etc.

400

City & State

Irving, TX

Zip

75039

Country

USA

3. Mailing Address

600 E. Las Colinas Blvd.

Suite, Apt. #, etc.

400

City & State

Irving, TX

Zip

75039

Country

USA

4. FEI Number

54-1674756

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$14,926,426.64

10. Amount of Capital Contributions  
in FLORIDA to date.

\$14,926,427.

11. MAKE CHECK PAYABLE TO 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 # F96000004659  
NAME WH TE-TWO INVESTORS GEN-PAR, INC.  
STREET ADDRESS 85 BROAD ST., 19TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10004

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rekia Payne*

REQUIRE Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

of the General Partner

Daytime Phone #

CR2E003 (11/00)