

**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

03 JUN 12 5:10 PM  
FBI - MIAMI



1. Name of Limited Partnership:

1a. DOCUMENT #  
**B94000000147**

**SKW REAL ESTATE LIMITED PARTNERSHIP**

Mailing Address

C/O LEGAL DEPT.  
600 EAST LAS COLINAS BLVD., SUITE 1900  
IRVING TX 75039

Principal Office Address

C/O REAL ESTATE DEPT.  
85 BROAD STREET, 19TH FLOOR  
NEW YORK NY 10004

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip

Country

3. Date Formed or Registered

04/18/1994

3a. Date of Last Report

12/31/1997

4. State or Country of Formation

DE

6. FEI Number

54-1670344

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$8,600,000.00

5b. Amount of Capital  
Contributions in FEI Original  
to date

\$8,600,000.00

☐ Applied For  
☐ Not Applicable

☐ \$8.75 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

C T 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)

WSK GEN-PAR, INC.

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

85 BROAD STREET, 19TH

11b. City, State & Zip Code

NEW YORK NY 10004

11c. Registration  
Document Number

F94000001997

**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

12/29/98

Richard Frapart, Asst Vice President of

WSK Gen-Par, Inc., General Partner

DATE

Daytime Telephone Number

972/831-2200

CR2E003 (8/98)