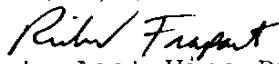


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<i>66 1/26</i> 99 JAN -5 AM 10:08 RECEIVED FLORIDA	
1. Name of Limited Partnership WHTR REAL ESTATE LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000404		3. Date Formed or Registered 10/10/94 3a. Date of Last Report \$1,239,781.54 5a. Capital Contributions as Reported \$1,239,781.54 5b. Amount of Capital Contributions as of 12/31/94 \$1,239,781.54 4. State or Country of Formation Delaware 6. FID Number 75-2554169 ☐ Applied For ☒ Not Applicable 7. Certificate of Status Debited ☐ \$8.75 Additional Fee Required 8. Money paid to Dept. of State (See reverse side for information)	
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			
2. Mailing Address 600 E Las Colinas Blvd Suite Apt #, etc Suite 1900 City & State Irving, TX Zip Country 75039		2a. Principal Office Address 600 E Las Colinas Blvd Suite Apt #, etc Suite 1900 City & State Irving, TX Zip Country 75039			
9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. If changed from Registered Agent (Other) Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite Apt #, etc _____ City _____ State _____ Zip Code _____			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership hereby notifies the laws of the State of Florida and its citizens that it is subject to the provisions 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) WHTR Investors, 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 F94000005253		200002702272-7 02/02/99-01079-015 ****526.25 ****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, Asst Vice President of WHTR Investors, Inc. Typed or Printed Name of General Partner Signing Form: General Partner		DATE 12/29/98 Daytime Telephone Number 972/831-2200			

CR2E003 (8/98)