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

99 JAN -5 AM 10:08
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

WHTR REAL ESTATE LIMITED PARTNERSHIP

1a. DOCUMENT #
B94000000404

Mailing Address	Principal Office Address
600 E Las Colinas Blvd Suite 1900 Irving, TX 75039	600 E Las Colinas Blvd Suite 1900 Irving, TX 75039

3. Date Formed or Registered: 10/10/94
3a. Date of Last Report:

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on Records: $1,239,781.54

5b. Amount of Capital Contributions in FLORIDA (USD): $1,239,781.54

2. Mailing Address	**2a.** Principal Office Address
600 E Las Colinas Blvd	600 E Las Colinas Blvd
Suite Apt #, etc: Suite 1900	Suite Apt #, etc: Suite 1900
City & State: Irving, TX	City & State: Irving, TX
Zip: 75039 Country:	Zip: 75039 Country:

6. FEI Number: 75-2554169
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Department of State (See instructions for fee information)

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent and/or 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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registered / Document Number
WHTR Investors, Inc.	85 Broad Street 19th Floor	New York, NY 10004	P94000005253

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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)(i), 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 WHTR Investors, Inc.
Typed or Printed Name of General Partner Signing Form: General Partner
Daytime Telephone Number: 972/831-2200

CR2E003 (8/98)