

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014311 J

**DOCUMENT # B98000000097**  
 1. Entity Name  
**W9/RSO REAL ESTATE LIMITED PARTNERSHIP**

**FILED**

**00 MAY 15 PM 2:43**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 14180 DALLAS PARKWAY, SUITE 700 14180 DALLAS PARKWAY, SUITE 700  
 DALLAS TX 75240 DALLAS TX 75240-4374

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number 75-2746925 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$23,000,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **20,141,960**  
 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 #	M98000000125
NAME	W9/RSO GEN-PAR, L.L.C.
STREET ADDRESS	100 CRESCENT COURT, SUITE 1000
CITY - ST - ZIP	DALLAS TX 75201
DOCUMENT #	F98000000657
NAME	REMINGTON FLORIDA INVESTMENT, INC.
STREET ADDRESS	14180 DALLAS PARKWAY, SUITE 700
CITY - ST - ZIP	DALLAS TX 75240
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	IF 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	200003254512-9
CITY - ST - ZIP	-05/16/00--01050--009
STREET ADDRESS	****526.25 ****526.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	dec

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: SIGNATURE REQUIRED 3-20-00 972-778-9283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)