

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017262  
AT

DOCUMENT # **B98000000097**

1. Entity Name

**W9/RSO REAL ESTATE LIMITED PARTNERSHIP**

02 APR 16 PM 3: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240</b>	Mailing Address <b>14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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**DUE BY MAY 1, 2002**

City & State	City & State	4. FEI Number <b>75-2746925</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**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.

9. Capital Contributions as Shown on record. **\$22,984,160.00**

10. Amount of Capital Contributions in FLORIDA to date. **22,984,160**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M98000000125 W9/RSO GEN-PAR, L.L.C. 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F98000000657 REMINGTON FLORIDA INVESTMENT, INC. 14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100005328241--3 -04/24/02--01004--027 ***526.25 ***526.25</b>
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: *[Signature]* **4-8-02** **972-778-9283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #

CR2E003 (9/01)