## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE:

## **DUE BY MAY 1, 2004 DOCUMENT # B98000000097** 1. Entity Name W9/RSO REAL ESTATE LIMITED PARTNERSHIP 04 MAY - 3 PH 6: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 14180 DALLAS PARKWAY, SUITE 700 14180 DALLAS PARKWAY, SUITE 700 DALLAS TX 75240 DALLAS TX 75240 3. Mailing Address 2. Principal Place of Business 14185 Palles 14185 Dallas Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) 1100 sde Libo Applied For ity & State City & State 4. FEt Number 75-2746925 Not Applicable Darlie Country \$8.75 Additional Zip 5. Certificate of Status Desired つくょくり Fee Required 2272 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille it applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$22,984,160.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION M98000000125 DOCUMENT # STREET ADDRESS 700036544917 05/18/04--01033--003 W9/RSO GEN-PAR, L.L.C. NAME 100 CRESCENT COURT, SUITE 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 F98000000657 DOCUMENT # STREET ADDRESS REMINGTON FLORIDA INVESTMENT, INC. NAME STREET ADDRESS 14180 DALLAS PARKWAY, SUITE 700 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75240 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTUMENT # STREET ADDRESS NAME STEET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. Thereby certify that the information supplied with this filling 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

GNING GENERAL PART

SIGNATURE AND TYPED OR PRINTED NAME OF