2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B98000000097 05 JUL -1 AM 9: 03 W9/RSO REAL ESTATE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 14185 DALLAS PKWY., STE 1150 14185 DALLAS PKWY., STE 1150 DALLAS, TX 75254 DALLAS, TX 75254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 CR2E003 (10/03) Chg-LP City & State 4. FEI Number City & State Applied For 75-2746925 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$22,984,160.00 as Shown on record. in FLORIDA to date. 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 GENERAL PARTNER INFORMATION 12. M98000000125 DOCUMENT # STREET ADDRESS W9/RSO GEN-PAR, L.L.C. 100 CRESCENT COURT, SUITE 1000 STREET ADORESS CITY-ST-7IP CITY-ST-ZIP DALLAS, TX 75201 DOCUMENT # F98000000657 STREET ADDRESS REMINGTON FLORIDA INVESTMENT, INC. NAME 000057363270 07/12/05--01067--002 **926,25 STREET ADDRESS 14185 DALLAS PKWY., STE 1150 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75254 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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 SIGNATURÈ Daytime Phone #