

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017479 AT

**DOCUMENT # B98000000097**

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



FILED

03 APR -1 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**14180 DALLAS PARKWAY, SUITE 700  
DALLAS TX 75240**

Mailing Address  
**14180 DALLAS PARKWAY, SUITE 700  
DALLAS TX 75240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

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. I am familiar with, and accept the obligations of registered agent.

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. **22984160**

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>M98000000125</b>
NAME	<b>W9/RSO GEN-PAR, L.L.C.</b>
STREET ADDRESS	<b>100 CRESCENT COURT, SUITE 1000</b>
CITY-ST-ZIP	<b>DALLAS TX 75201</b>
DOCUMENT #	<b>F98000000657</b>
NAME	<b>REMINGTON FLORIDA INVESTMENT, INC.</b>
STREET ADDRESS	<b>14180 DALLAS PARKWAY, SUITE 700</b>
CITY-ST-ZIP	<b>DALLAS TX 75240</b>
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300015026133</b>
CITY-ST-ZIP	<b>04/01/03 01001 000 **526.25</b>
STREET ADDRESS	
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]* **3-24-03 974-778-8283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
**Sec d GP**

CP2E003 (10/02)