

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORENCE DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 MAY 19 AM 11:44

B9800000141

DOCUMENT # B9800000141

1. Name of Limited Partnership
W9/PHC Real Estate Limited Partnership
 600 E Las Colinas Blvd., Suite 1900
 Irving, TX 75039

2. Mailing Address
600 E Las Colinas Blvd

3. Principal Office Address
600 E Las Colinas Blvd

4. Date Formed or Registered To Do Business in Florida
3/6/98

5. FEI Number
75-2731930

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation
Delaware

8a. Capital Contributions as Shown on Record
\$5,000,000

8b. Amount of Capital Contributions in FLORIDA to date
\$4,637,045

FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

10. If changed, new registered agent/office
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 Suite, Apt #, etc
600002885526--4
 City
05/25/99--01046--004
*****1026.25 FL ***1026.25**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment): *Connie Bryan* DATE: **5/19/99**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
W9/PHC Gen-Par, Inc.	85 Broad Street	New York, NY 10004	F98000001289
<i>Private - 500.00</i>			
<i>AR</i>	<i>437.50</i>		
<i>ARSLUP</i>	<i>88.75</i>		
	<i>\$1,026.25</i>		
		600002885526--4	
		-05/25/99--01046--005	
		*****8.75 *****8.75	

REINSTATEMENT 1999

(BK) (CV)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Ron K. Barger* DATE: **MAY 18, 1999**

Ron K Barger, Asst Secretary of the General Partner

Typewritten or Printed Name of General Partner Signing Form Telephone Number

CR2E039 (12/98)