

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015138 AF

DOCUMENT # B98000000141

1. Entity Name

W9/PHC REAL ESTATE LIMITED PARTNERSHIP

FILED  
01 APR 27 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
600 EAST LAS COLINAS BLVD. SUITE 1900 600 EAST LAS COLINAS BLVD. SUITE 1900  
IRVING TX 75039 IRVING TX 75039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
600 E. Las Colinas Blvd. 600 E. Las Colinas Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.  
400 400

City & State City & State  
Irving, TX Irving, TX

Zip Country Zip Country  
75039 USA 75039 USA

4. FEI Number 75-2731930 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$5,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$5,000,000 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000001289 W9/PHC GEN-PAR, INC. 85 BROAD STREET NEW YORK NY 10004	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	B/R 4/27
NAME			
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NAME			
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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Secretary

*[Signature]* Daytime Phone #

CR2E003 (11/00)