

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



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**

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country
75039 **USA** **75039** **USA**

4. FEI Number Applied For
75-2731930 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.

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

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	
DOCUMENT #	F98000001289
NAME	W9/PHC GEN-PAR, INC.
STREET ADDRESS	85 BROAD STREET
CITY-ST-ZIP	NEW YORK NY 10004
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<i>B/C</i>
CITY-ST-ZIP	<i>4/27</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500004213485-3
CITY-ST-ZIP	-05/11/01--01151--015
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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: *Frank Baizer* **REQUIRED** **Assistant Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *of the General Partner* Daytime Phone #