

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


## Due By May 1, 2005

FILED

2005 MAY -6 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # B98000000141					
1. Entity Name W9/PHC REAL ESTATE LIMITED PARTNERSHIP					
Principal Place of Business 600 EAST LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039			Mailing Address 600 EAST LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-2731930	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		\$5,000,000.00	
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	STREET ADDRESS	180 Maiden Lane, 40th Floor		
NAME	W9/PHC GEN-PAR, INC.	CITY-ST-ZIP	New York, NY 10038-4958		
STREET ADDRESS	10 HANOVER SQUARE, 17TH FLOOR				
CITY-ST-ZIP	NEW YORK, NY 10005				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #		STREET ADDRESS	400055803664		
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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: <i>R.K. Beyer</i>		Assistant Secretary of General Partner			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE

\$526.25