


FILED
 03 MAY -2 PM 6:16
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B9800000141			
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
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 75-2731930		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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		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 FL DEPT OF STATE SEE FEES, SURETY 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 #	F9800001289	STREET ADDRESS	
NAME	W9/PHC GEN-PAR, INC.	CITY-ST-ZIP	
STREET ADDRESS	86 BROAD STREET		
CITY-ST-ZIP	NEW YORK, NY 10004		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: <u>R. K. Baizer</u>		Asst Secretary <u>4/25/2003</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		of General Partner	



RJH

STAPLE CHECK HERE

CR2E003 (1/01/02)

500017897965
 05/02/03--01064--016 **526.25