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03 MAY -2 PM 6:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # B98000000141</b>			
1. Entity Name <b>W9/PHC REAL ESTATE LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>600 EAST LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039</b>		Mailing Address <b>600 EAST LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. 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 date if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>5,000,000.</b>	
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE FEE SCHEDULE 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>F98000001289 W9/PHC GEN-PAR, INC. 85 BROAD STREET NEW YORK, NY 10004</b>	STREET ADDRESS CITY - ST - ZIP	
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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><i>R. K. Baizer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Asst Secretary <u>4/25/2003</u> <small>Date Daytime Phone #</small> of General Partner	



MJH

CR2ED03 (10/02)

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