FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 19 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # B98000000142

W9/TGR REAL ESTATE LIMITED PARTNERSHIP

Mailing Address
600 E Las Colinas Blvd
Suite 1900
Irving, TX 75039

Principal Office Address
600 E Las Colinas Blvd
Suite 1900
Irving, TX 75039

3. Date Formed in Other State: 3/6/98

3a. Date of Last Report:

4. State or Country of Formation: Delaware

5a. Capital Contribution as Stated in Certificate: $600,000.00

5b. Amount of Capital Contributed Thereunder to Date: $600,000.00

2. Mailing Address: 600 E Las Colinas Blvd
Suite, Apt #, etc: Suite 1900
City & State: Irving, TX
Zip: 75039 Country:

2a. Principal Office Address: 600 E Las Colinas Blvd
Suite, Apt #, etc: Suite 1900
City & State: Irving, TX
Zip: 75039 Country:

6. FEI Number: 75-2735128
☐ Applied For
☐ Not Applicable

7. Certificate of State Tax Deferral ☐ **$8.75** Additional Fee Required

8. Mark check payable to Dept. of State (See instructions for Subsection 607.1908)

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name of Registered Agent and Address
Name
Street Address (P.O. Box Not Acceptable) N/A Accepted
Suite, Apt #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by a majority in interest of the general partners. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	**11a.** Address of Each General Partner (DO NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration Number
W9/TGR Gen-Par, Inc.	85 Broad Street 19th Floor	New York, NY 10004	F98000001290

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****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is valid and complete to the best of my knowledge. I hereby certify that I am a General Partner of the limited partnership, or I am an officer or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Richard Frapart DATE 12/29/98
Richard Frapart, Asst Vice President of General Partner
Typed or Printed Name of General Partner Signing Form
Daytime Telephone Number 972/831-2200

CR2E000 (8/98)