

2001 UNIFORM BUSINESS REPORT (UBR)

0016117 AF

DOCUMENT # B98000000142

1. Entity Name

W9/TGR REAL ESTATE LIMITED PARTNERSHIP

Principal Place of Business

600 E LAS COLINAS BLVD. SUITE 1900
IRVING TX 75039

Mailing Address

600 E LAS COLINAS BLVD. SUITE 1900
IRVING TX 75039

FILED
01 APR 26 PM 3:53
SECRETARY OF STATE
TREASURER OF FLORIDA

2. Principal Place of Business

600 E. Las Colinas Blvd.

Suite, Apt. #, etc.
400

City & State

Irving, TX

Zip
75039

Country
USA

3. Mailing Address

600 E. Las Colinas Blvd.

Suite, Apt. #, etc.
400

City & State

Irving, TX

Zip
75039

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2735128

Applied For

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

20,000,000

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 # M99000000604
NAME W9/TGR GEN-PAR, L.L.C.
STREET ADDRESS 85 BROAD STREET, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10004

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

RICKI PAGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Secretary

of the General Partner

CR2E003 (11/00)