2001 UNIFORM BUSINESS REPORT (UBR)

000117 AF

DOCUMENT # B98000000142

1. Entity Name

W9/TGR REAL ESTATE LIMITED PARTNERSHIP

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

Principal Place of Business	Mailing Address
600 E LAS COLINAS BLVD. SUITE 1900 IRVING TX 75039	600 E LAS COLINAS BLVD. SUITE 1900 IRVING TX 75039

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
600 E. Las Colinas Blvd.	600 E. Las Colinas Blvd.
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: 400
City & State: Irving, TX	City & State: Irving, TX
Zip: 75039 Country: USA	Zip: 75039 Country: USA

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$20,000,000.00	20,000,000	

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 #	M99000000604	STREET ADDRESS	
NAME	W9/TGR GEN-PAR, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	85 BROAD STREET, 19TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10004		
DOCUMENT #		STREET ADDRESS	700004191517--7
NAME		CITY-ST-ZIP	-05/03/01--01112--026
STREET ADDRESS			****526.25 ****526.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Rick Barger REQUIRED Assistant Secretary of the General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Title if Any