


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B98000000142		
1. Entity Name W9/TGR REAL ESTATE LIMITED PARTNERSHIP		

Principal Place of Business 600 E LAS COLINAS BLVD, SUITE 400 IRVING, TX 75039	Mailing Address 600 E LAS COLINAS BLVD, SUITE 400 IRVING, TX 75039
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-2735128	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. 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.

9. Capital Contributions as Shown on record. \$20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 20,000,000.00
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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	M99000000604 W9/TGR GEN-PAR, L.L.C. 85 BROAD STREET, 19TH FLOOR NEW YORK, NY 10004	STREET ADDRESS CITY-ST-ZIP	10 Hanover Square, 17th Floor New York, NY 10005
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900036061279 05/11/04-01062-014 **526.25
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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: 	Assistant Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date _____ Daytime Phone # _____

STAPLE CHECK HERE