FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000142

1. Entity Name
W9/TGR REAL ESTATE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
600 E LAS COLINAS BLVD, SUITE 400 IRVING, TX 75039	600 E LAS COLINAS BLVD, SUITE 400 IRVING, TX 75039

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

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. 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.

11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000000604	STREET ADDRESS	
NAME	W9/TGR GEN-PAR, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	95 BROAD STREET, 19TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10004		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: Ron K Barge — Asst Secretary of General Partner — 4/25/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Title — Date — Daytime Phone #