

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B98000000639**

1. Entity Name  
**W9/LPII REAL ESTATE LIMITED PARTNERSHIP**

**FILED**  
**00 MAY -2 PM 4: 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address

C/O GMH ASSOCIATES, INC.  
 353 WEST LANCASTER AVE., SUITE 210  
 WAYNE PA 19087

C/O GMH ASSOCIATES, INC.  
 353 WEST LANCASTER AVE., SUITE 210  
 WAYNE PA 19087-3907

2. Principal Place of Business      3. Mailing Address

*10 Campus Blvd*      *10 Campus Blvd*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Newtown Square, PA*      *Newtown Square, PA*

Zip      Country      Zip      Country

*19073*           *19073*

4. FEI Number      Applied For

**23-2975260**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      \$0.00      10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000005969	STREET ADDRESS	
NAME	GH LEX II, INC.	CITY - ST - ZIP	
STREET ADDRESS	353 W. LANCASTER AVE., SUITE 210		
CITY - ST - ZIP	WAYNE PA 19087		
DOCUMENT #	F98000006063	STREET ADDRESS	8000003247638--6
NAME	W9/LPII GEN-PAR, INC.	CITY - ST - ZIP	-05/11/00--01015--032
STREET ADDRESS	85 BROAD STREET, 19TH FLOOR		*****150.00 *****150.00
CITY - ST - ZIP	NEW YORK NY 10004		
DOCUMENT #		STREET ADDRESS	8000003247638--6
NAME		CITY - ST - ZIP	-05/11/00--01015--033
STREET ADDRESS			*****8.75 *****8.75
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: *[Signature]*      Assistant Secretary for *[Signature]*      4/19/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 19/991