2002	UNIFORM BU	JSINES:	S REPOR	RT (UBR)				107	1	
	MENT # B99		20	FILED	E STATE	M	 -				
WXI/PRZ REAL ESTATE LIMITED PARTNERSHIP				.,; -	DIVISIO	N OF COR	F STATE PORATIONS		4		
Principal Place			02 AU	G-6 P	H 12: 37		(1				
IRVING TX 750	DLINAS BLVD SUITE 400 339		.as colinas blvd TX 75039	SUITE 400	-	,	: I				
Principal P	ace of Business	3. Mailine	g Address								
Suite, Apt.			Suite, Apt. #, etc.								
	****					DUE BY MAY 1, 2002					
City & State		City &			4. FEI Number 75-2798008					Applied For Not Applicable	
Zip	Country	Zip		Country	5.	Certificate of	Status Desired		ee Requ	Additional uired	
	6. Name and Address of Cu	, . Name									
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					iress (P.O. I	Box Number	is Not Acceptable)			
	ON FL 33324										
				City				FL	Zip C	Code	
3. The above	named entity submits this statem	ent for the purpos	e of changing its re	gistered office or re	egistered ag	gent, or both,	in the State of Flo	orida.			
SIGNATURE .								DATE			
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as \$4,767,945.00 in FLORIDA to date in FLORIDA to date				Contributions	ontributions \$4,767,945.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
as Shown C	A GENERAL PARTN NOTE: General Partner	ER THAT IS A	BUSINESS ENTI	TY MUST BE RE	GISTERE	D AND AC	TIVE WITH TH	IS OFFICE	,		
12.	GENERAL PAR	RTNER INFORMAT		13.			ADDRESS CH				
DOCUMENT # NAME	M9900001025 WXI/PRZ GEN-PAR, L.L.C.			STREET ADDRESS							
TREET ADDRESS ITY-ST-ZIP 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201			CITY-ST-ZIP								
DOCUMENT #				STREET ADDRESS				-			
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STREET ADDRESS CITY-ST-ZIP			·	CITY-ST-ZIP							
DOCUMENT #			*.	STREET ADDRESS							

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SCHATUFF REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Secretary

4-18-02



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 1, 2002

WXI/PRZ REAL ESTATE LIMITED PARTNERSHIP 600 E. LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039

SUBJECT: WXI/PRZ REAL ESTATE LIMITED PARTNERSHIP

Ref. Number: B99000000263

We have received your document for WXI/PRZ REAL ESTATE LIMITED PARTNERSHIP and your check(s) totaling \$526.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 302A00041598

