

FILED

03 MAY -2 PM 6:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # B99000000263</b>	
1. Entity Name <b>WXI/PRZ REAL ESTATE LIMITED PARTNERSHIP</b>	



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
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUPLICATE BY MAY 17, 2003

4. FEI Number <b>75-2798008</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
City	<b>FL</b> 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 date if applicable.

9. Capital Contributions as Shown on record. <b>\$4,767,945.00</b>
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10. Amount of Capital Contributions in FLORIDA to date <b>4,767,945.</b>
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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	
DOCUMENT #	<b>M99000001026</b>
NAME	<b>WXI/PRZ GEN-PAR, L.L.C.</b>
STREET ADDRESS	<b>100 CRESCENT COURT, SUITE 1000</b>
CITY-ST-ZIP	<b>DALLAS, TX 75201</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (11/02)

**500017898045**  
**05/02/03--01064--019 \*\*526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Rick Berger</i></u>	Asst Secretary <u>4/25/2003</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>
	<b>Of General Partner</b>

MJH