


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000004659</b> 1. Entity Name WH TE-TWO INVESTORS GEN-PAR, INC.	
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Principal Place of Business C/O INV TAX GROUP 10 HANOVER SQ, 22 FL NEW YORK, NY 10005 US	Mailing Address C/O INV TAX GROUP 10 HANOVER SQ, 22 FL NEW YORK, NY 10005 US
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01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2668196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000298914 04/11/05 80087-012-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEISS, MITCHELL S 10 HANOVER SQUARE NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAUGHTON, KEVIN 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, TODD A 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael S. Weiss Arrest Treas 4-4-05 912 903 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #