2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004681

1. Entity Name

WH1-PEOPLES SOUTHWEST GEN-PAR, INC.



Principal Place of Business

C/O INV. TAX GROUP 10 HANOVER SQ., 22FLR. NEW YORK, NY 10005 US Mailing Address

C/O INV. TAX GROUP 10 HANOVER SQ., 22FLR. NEW YORK, NY 10005 US

FILED 06 MAY - 1 PM 2: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-2668195 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

В.	Name	and	Address	of	Current	Registered	Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title				oth, in the State of Flori	da. I am familiar with, a	nd accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DVP ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004	CTORS				27911	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WEISS, MITCHELL S 10 HANOVER SQ. NEW YORK, NY 10005			05/2	2/0601067	137811 006 **1650	. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, TODD A 85 BROAD STREET NEW YORK, NY 10004			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTON, KEVIN 85 BROAD STREET NEW YORK, NY 10004) 	4	IN '	THIS SP.	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					#), 4 2) -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i.					er stadi
12. I hereby of	certify that the information supplied with this fi	iling does not qualify for the exemption	ns cor	tained in Chapter 11	9, Florida Statutes. I fo	arther certify that the infeth, that I am an officer o	ormation r director

12. I hereby certify mat the information supplied with this filing does not quality for the exemptions contained in Chapter 119; Profide Statutes. I further certify that I am an officer or director 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L)

a12-902-3867

Daytme Phone #