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Applied For Not Applicable ional Fee required ificate of Status

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT		Se	EPARTMENT OF ST Jim Smith cretary of State ON OF CORPORATIONS	FILED  03 JAN 21 PM 2: 50
1. Corpora	UMENT # <i>F</i> ation Name ML-S Gen-Par, Inc	,	2482		TALLAINS EE, TELLS
,	al Office Address	·	3. Mailing Office		20001112323 01/28/03-01028016 **
Suite, Apt. #, etc. 17th Floor			Suite, Apt. #, etc. 17th Floor		4. Date Incorporated or Qualified
City & State	& State ew York, NY		City & State New York, NY		To Do Business in Florida 05/09/1997  5. FEI Number 752699786
Zip 10005	Country USA		Zip 10005	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Addition a Certificate of Status Desired Section 1.1
			7. Nam	e and Address of Current R	legistered Agent
	Name ĈT Corpo Street Address (P.O. 1200 South Pine Suite, Apt. #, Etc.		<u> </u>		TO:

8.	I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
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Signature of Registered Agent

City

Plantation

REGISTERED AGENT MUST SIGN

Date 11/06/2002

State

Zip Code

33324

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
D Rothenberg, Stuart M		85 Broad Street	New York, NY 10004	
P	Neidich, Daniel M	85 Broad Street	New York, NY 10004	
VP	Lahey, Brian M	10 Hanover Square 20th Floor	New York, NY 10005	
VPM	Rosenberg, Ralph	85 Broad Street	New York, NY 10005	
V	Williams, Todd	85 Broad Street	New York, NY 10005	
ST	Naughton, Kevin D	85 Broad Street	New York, NY 10004	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2002

212 590-9200

Date

Daytime Phone #

page hor

Goldman, Sachs & Co. | 10 Hanover Square | New York, New York 10005 Tel: 212-902-1000

> Goldman Sachs

November 6, 2002

Annual Report Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: WH1-PEOPLES SOUTHWEST GEN-PAR INC

WHCB GEN-PAR INC WHCS GEN-PAR INC WHC-SIX GEN-PAR INC WHLCA GEN-PAR INC SKW GEN-PAR INC W9/KL GEN-PAR INC

To Whom It May Concern:

W9/PHC GEN-PAR INC
WH INVESTORS GEN-PAR INC
WH TE-TWO INVESTORS GEN-PA
WHLNB GEN-PAR INC
WHML-S GEN-PAR INC
WHORL GEN-PAR INC
WHRB GEN-PAR INC
WHTR INVESTORS INC
WHUD GEN-PAR INC
WSK GEN-PAR INC

Enclosed please find Uniform Business Reports with remittances for the above-mentioned entities. Please note that these Reports, to date, were not delivered to the Mailing Address reflected in your records. We would ask that as a result of this, you waive any penalties and/or fees.

If you should have any questions, please contact me at 212-902-8012.

Thank you.

Sincerely.

Jennifer L. Hanly Investment Tax Services

**Enclosures** 

