


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED


06 MAY -1 PM 2:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F98000001289 1. Entity Name W9/PHC GEN-PAR, INC.	
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Principal Place of Business INV TAX GROUP 10 HANOVER SQUARE NEW YORK, NY 10005	Mailing Address INV TAX GROUP 10 HANOVER SQUARE NEW YORK, NY 10005
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DO NOT WRITE IN THIS SPACE

	
4262006	No Chg-P CR2E034 (11/05)
4. FEI Number 75-2731928	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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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	V NAUGHTON, KEVIN D 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, TODD 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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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stuart M. Rothenberg* *Mitchell S. Weiss* 4/28/06 312-902-3867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #