

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90146 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006063

1. Corporation Name  
W9/LPII GEN-PAR, INC.

Principal Place of Business % WHITEHALL FUND. 85 BROAD ST., 19TH FL. NEW YORK NY 10004	Mailing Address % WHITEHALL FUND. 85 BROAD ST., 19TH FL. NEW YORK NY 10004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/30/1998 4. FEI Number APPLIED FOR 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBERG, STUART M	1.2 NAME	
STREET ADDRESS	85 BROAD ST., 19TH FL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIDICH, DANIEL M	2.2 NAME	
STREET ADDRESS	85 BROAD ST., 19TH FL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNN, DOUGLAS G	3.2 NAME	VPAT
STREET ADDRESS	85 BROAD ST., 19TH FL.	3.3 STREET ADDRESS	Brian J. Lahay
CITY-ST-ZIP	NEW YORK NY 10004	3.4 CITY-ST-ZIP	10 Hanover Square
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	O'BRIEN, ELIZABETH A	4.2 NAME	
STREET ADDRESS	85 BROAD ST., 19TH FL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TODD A	5.2 NAME	
STREET ADDRESS	85 BROAD ST., 19TH FL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIL, DAVID M	6.2 NAME	
STREET ADDRESS	85 BROAD ST., 19TH FL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Brian Lahay

APR 28 1999

Date

Daytime Phone #

CR2E034 (11/98)