2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000178

1. Entity Name

WXI/MCN COMMERCIAL GEN-PAR, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O WHITEHALL STREET REAL ESTATE LTD 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201	C/O WHITEHALL STREET REAL ESTATE LTD 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
600 E Las Colinas Blvd	600 E Las Colinas Blvd		
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400, Legal Dept		
City & State Irving, TX	City & State Irving, TX	**4. FEI Number** 75-2855128	Applied For / Not Applicable
Zip 75039	Country USA	Zip 75039	Country USA

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WXI/McN Realty, L.L.C. ☐ Delete Member 600 E Las Colinas Blvd, Suite 400 Irving, TX 75039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004509825--3 -07/31/01--01067--015 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ SIGNATURE REQUIRED   **Assistant Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   Managing Member   Daytime Phone #