

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 30 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002493

1. Entity Name

WXI/MCN Subs III Gen-Par, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

600 E. Las Colinas Blvd. 600 E. Las Colinas Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 400

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 400

City & State
Irving, TX

City & State
Irving, TX

4. FEI Number
75-2907876

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

500004341825--5

-06/05/01--01050--024

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM WXI/McN Realty, L.L.C. ☐ Change ☐ Addition
NAME
STREET ADDRESS 600 E. Las Colinas Blvd., Suite 400
CITY-ST-ZIP Irving, TX 75039

TITLE MGRM WXI/MCN III Subs Gen-Par, L.L.C. ☐ Change ☐ Addition
NAME
STREET ADDRESS 600 E. Las Colinas Blvd., Suite 400
CITY-ST-ZIP Irving, TX 75039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *R. K. Beyer*

Assistant Vice President and Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Expiring Date

CR2E083 (10)