

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**

2006 MAY -1 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**DOCUMENT # M02000000899**

1. Entity Name  
W9/RSO REAL ESTATE HOLDINGS, L.L.C.



Principal Place of Business % INV TAX GROUP 10 HANOVER SQ 22ND FL NEW YORK, NY 10005 US	Mailing Address % INV TAX GROUP 10 HANOVER SQ 22ND FL NEW YORK, NY 10005 US
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**DO NOT WRITE IN THIS SPACE**



04262006No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$50.00 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHBERG, STUART H 85 BROAD ST NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGER, JONATHAN A 85 BROAD ST NEW YORK, NY 10004
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05/16/06--01040--005 \*\*350.00

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11. 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 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: Mitchell S. Weiss 4/28/06 212-902-3867

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