

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001256

1. Entity Name

WXI/MLM/W SUB GEN-PAR, L.L.C.



Principal Place of Business

10 HANOVER SQ 22ND FLR
NEW YORK, NY 10005

Mailing Address

10 HANOVER SQ 22ND FLR
NEW YORK, NY 10005

PSK



04252006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3109534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

500074673555
05/16/06--01040--005 **350.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CRAMER, BRAHM
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK, NY 10004

TITLE MGR
NAME KAVA, ALAN S
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK, NY 10004

TITLE MGR
NAME ROTHENBERG, STUART M
STREET ADDRESS 85 BROAD ST
CITY-ST-ZIP NEW YORK, NY 10004

TITLE MGR
NAME SEESNEY, JOSEPHINE
STREET ADDRESS 85 BROAD ST
CITY-ST-ZIP NEW YORK, NY 10004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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*

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

Date

Daytime Phone #

4/28/06 212-902-3867