

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000001256**

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



Principal Place of Business  
% INVESTMENT TAX GROUP  
180 MAIDEN LANE - 40TH FLOOR  
NEW YORK, NY 10038 US

Mailing Address  
% INVESTMENT TAX GROUP  
180 MAIDEN LANE - 40TH FLOOR  
NEW YORK, NY 10038 US



04172008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000943028  
05/29/08-80042-014 2032.50

**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

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Josephine Seesney*

4-29-08