File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. Green Allen FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT Secretary of State
DIVISION OF CORPORATIONS 1999 \$0 JUN 25 AN IO: 20 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT** # M98000000007 1a. Principal Place of Business Address W9/MLM GEN-PAR, L.L.C. 100 CRESCENT COURT, SUITE 1000 100 CRESCENT COURT, SUITE 10 DALLAS TX 75201 DALLAS TX 75201 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/05/1998 DESuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 15-2732957 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Źip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. Zıp Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ DATE \_\_\_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR ROTHENBERG, STUART M 100 CRESCENT COURT, SUITE DALLAS TX 300002920143--8 -06/30/99--01090--003 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. Brian Laher SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING MANAGING HE MBE R OF MANAGER SIGNATURE:

INUCE 10 D (10 00)