

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 007 ***150.00

DOCUMENT # M98000000125

1. Entity Name
W9/RSO GEN-PAR, L.L.C.



Principal Place of Business
10 HANOVER SQUARE, 17TH FLOOR
NEW YORK, NY 10005

Mailing Address
10 HANOVER SQUARE, 17TH FLOOR
NEW YORK, NY 10005

24056094



2. Principal Place of Business

20 Inv Tax Group
Suite, Apt. #, etc.
10 Hanover Sq, 22 Fl
City & State
New York NY

3. Mailing Address

20 Inv Tax Group
Suite, Apt. #, etc.
10 Hanover Sq, 22 Fl
City & State
New York NY

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number
75-2746931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip
10005

Country
USA

Zip
10005

Country
USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. 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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LANGER, JONATHAN
85 BROAD STREET
NEW YORK, NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KESSLER, DOUGLAS
85 BROAD STREET
NEW YORK, NY 10004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAMS, TODD A
85 BROAD STREET
NEW YORK, NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
WEISS, MITCHELL
85 BROAD STREET
NEW YORK, NY 10004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Alan S. Kava
10 Hanover Square
New York NY 10005 ☐ 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

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:

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

STUART ROTHENBERG 4-23-04

Date

Daytime Phone #