


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000000125**  
1. Entity Name  
W9/RSO GEN-PAR, L.L.C.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
% INV TAX GROUP % INV TAX GROUP  
10 HANOVER SQ 22ND FL 10 HANOVER SQ 22ND FL  
NEW YORK, NY 10005 NEW YORK, NY 10005

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number **75-2746931** 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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005** U00000298901  
04/11/05-80087-008 150.00

9. MANAGING MEMBERS/MANAGERS

|                |                    |
|----------------|--------------------|
| TITLE          | MGR                |
| NAME           | ROTHENBERG, STUART |
| STREET ADDRESS | 85 BROAD STREET    |
| CITY-ST-ZIP    | NEW YORK, NY 10004 |
| TITLE          | MGR                |
| NAME           | LANGER, JONATHAN   |
| STREET ADDRESS | 85 BROAD STREET    |
| CITY-ST-ZIP    | NEW YORK, NY 10004 |
| TITLE          | VP                 |
| NAME           | WILLIAMS, TODD A   |
| STREET ADDRESS | 85 BROAD STREET    |
| CITY-ST-ZIP    | NEW YORK, NY 10004 |
| TITLE          | AT                 |
| NAME           | WEISS, MITCHELL    |
| STREET ADDRESS | 85 BROAD STREET    |
| CITY-ST-ZIP    | NEW YORK, NY 10004 |
| TITLE          | VP                 |
| NAME           | KAVA, ALAN S       |
| STREET ADDRESS | 10 HANOVER SQ      |
| CITY-ST-ZIP    | NEW YORK, NY 10005 |
| 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 exemption stated in Section 119.07(3)(f), 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: Stuart R. Rothenberg Aut Treas 44-05 212 902 1000  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #