

**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
% INV TAX GROUP
10 HANOVER SQ 22ND FL
NEW YORK, NY 10005

Mailing Address
% INV TAX GROUP
10 HANOVER SQ 22ND FL
NEW YORK, NY 10005



01182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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, 2005**

U000000298901
04/11/05-80087-008 150.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KAVA, ALAN S
10 HANOVER SQ
NEW YORK, NY 10005

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 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: *Antreas*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

44-05 212 902 1000