

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -1 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B/K



04262006 No Chg-LLC CR2E083 (11/05)

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
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2746931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2006

700074673537
05/16/06--01040--005 **350.00

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	

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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: *Mitchell S. Weiss* *Mitchell S. Weiss* 4/28/06 312-902-3867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #