File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE					THE STATE OF THE S	
ANNUAL REPORT 1999 FLORIDA DEPARTMENT O Katherine Harri Secretary of State DIVISION OF CORPORA				Harris f State	Diagnosia (1975)	17E ₂₀
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					99 MAY 10 1/11 9: 53	
1. Name of Lim	and Mailing Address ted Liability Company	OCUMENT	Г# м980000	01367		477th 5/12
WXI/MLM GEN-PAR/W, L.L.C. 100 CRESCENT COURT, SUITE 1000 DALLAS TX 75201					1a. Principal Place of Business Address 100 CRESCENT COURT, SUITE 10 DALLAS TX 75201	
2 Princip	al Place of Business	2a. Mail	2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Ap	ot. #, etc.		11/18/1998 4. FEI Number	DE
City & State		City & St	tate		75-278047	,
Zip	Country	Žιρ	Count	try	5. Date of Last Report	6. Certificate of Status Desired 58 75 Additional Fee Required
-	7. Name and Address	of Current Registered	Agent	B. I	Name and Address of New Regis	tered Agent/Office
PLANTATION FL 33324 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the all its registered office or registered agent, or both, in the State of Florida. Such change was a sar registered agent, and accept the obligations.				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 1 1 1 1 1 1 2 3 7 4 1 2 105/13/3301078007 City ****** 105000 ****** 188.7 FL bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. Thereby accept the appointment		
SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature in				e required when reinstating	DATE	
10. Title Managing Members/Managers Busine			ess Street Address	City,	State and Zip Code	
MGRM	WHITEHALL ST	REET REA,	85 BROAD	STREET	NEW YO	ORK NY
indicated o	eby certify that the information n this annual report is true and lity company or the receiver o	i accurate and that my s	signature shall have the s	same legal effect as	ction 119.07(3) (i). Florida Statutes. I if made under oath; that I am a man	aging member or manager of the

SIGNATURE:

APR 28 1999

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