

# 2000-UNIFORM BUSINESS REPORT (UBR)

0014464 AF

DOCUMENT # M98000001367

1. Entity Name

WXI/MLM GEN-PAR/W, L.L.C.

APPROVED  
AND  
FILED

00 MAY -3 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

100 CRESCENT COURT, SUITE 1000  
DALLAS TX 75201

Mailing Address

100 CRESCENT COURT, SUITE 1000  
DALLAS TX 75201-7893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Hanover Square

Suite, Apt. #, etc.

20th Floor

City & State

New York, N.Y.

Zip

10005

Country

USA

3. Mailing Address

10 Hanover Square

Suite, Apt. #, etc.

20th Floor

City & State

New York, N.Y.

Zip

10005

Country

USA

4. FEI Number

75-2780477

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS WHITEHALL STREET REAL ESTATE LIMITED PARTN  
CITY-ST-ZIP 85 BROAD STREET  
NEW YORK NY 10004

☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)