

M98000001367

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

04 APR 27 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001367

1. Limited Liability Company's Name

WXI/MLM GEN-PAR/W, L.L.C.
85 Broad Street
New York NY 10004

REINSTATEMENT

2003-
2004

2. Principal Office Address

10 Hanover Square

Suite, Apt. #, etc.

20th Floor

City & State

New York, NY

Zip
10005

Country
USA

3. Mailing Office Address

10 Hanover Square

Suite, Apt. #, etc.

20th Floor

City & State

New York, NY

Zip
10005

Country
USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

11/18/1998

6. FEI Number

75-2780477

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

100035824411

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Connie Byrnes

REGISTERED AGENT MUST SIGN

Date

4-27-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR/ MBR	Whitehall Street Real Estate Limited	85 Broad Street, 10th Floor	New York, NY 10005
	Partnership XI		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Dee m Sakakeeny

Date

4/23/04

Daytime Phone# 972-368-2507

Typed or printed name of signing Managing Member/Manager Vice President of the General Partner of the Managing Member