


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 MAY -1 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000604 1. Entity Name W9/TGR GEN-PAR, L.L.C.	
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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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PSK



DO NOT WRITE IN THIS SPACE

04262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-2818190	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____
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, 2006

900074673519
05/16/06--01040--005 **350.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHENBERG, STUART M 85 BROAD STREET NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAMER, BRAMM S 85 BROAD ST NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVA, ALAN S 85 BROAD ST NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCESNEY, JOSEPHINE 85 BROAD ST NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *[Signature]* *Hitman S. Weiss* 4/28/06 212-902-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #