

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M99000000604

1. Entity Name
W9/TGR GEN-PAR, L.L.C.



Principal Place of Business
% INVESTMENT TAX GROUP
180 MAIDEN LANE - 40TH FLOOR
NEW YORK, NY 10038 US

Mailing Address
% INVESTMENT TAX GROUP
180 MAIDEN LANE - 40TH FLOOR
NEW YORK, NY 10038 US



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2818190

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

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Josephine Scesney

4-29-08

Date

Daytime Phone #