

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001025

1. Entity Name
WXI/PRZ GEN-PAR, L.L.C.

00 JUN 12 PM 3:06

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, NY
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
75-2798006
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CT 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 _____ (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 STREET ADDRESS CITY-ST-ZIP	MGR ROTHENBERG, STUART M 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Stat
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIDICH, DANIEL M 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Stat
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBERG, RALPH R. 85 BROAD STREET NEW YORK NY 10004	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Stat
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003296622-6 -06/20/00-01032-019 Addition *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brian J. Lahay 85 Broad Street New York, NY 10004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: B. Lahay 6-6-00 212 902 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #