


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90032 018 ***150.00

DOCUMENT # M99000001025 1. Entity Name WXI/PRZ 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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DO NOT WRITE IN THIS SPACE

01182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 75-2798006	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 CT 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

**Filing Fee is \$50.00
Due by May 1, 2005**

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, BRAHM S 85 BROAD ST NY, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVA, ALAN S 85 BROAD ST NY, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCESNEY, JOSEPHINE 85 BROAD ST NY, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Alan Kava
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-8-05 2129021000
Date Daytime Phone #