


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2006 MAY -1 PM 4: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000001025**  
1. Entity Name  
WXI/PRZ GEN-PAR, L.L.C.



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

**DO NOT WRITE IN THIS SPACE**



04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-2798006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**600074673546**  
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, BRAHM 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, JASMINEE 85 BROAD ST NEW YORK, 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 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:**  Mitchell S. Weiss 4/28/06 212-902-3867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #