


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90017 004 ***150.00

DOCUMENT # M99000001266

1. Entity Name
 WHCB-B GEN-PAR, L.L.C.



Principal Place of Business
 10 HANOVER SQUARE, 20TH FLOOR
 NEW YORK, NY 10005

Mailing Address
 10 HANOVER SQUARE, 20TH FLOOR
 NEW YORK, NY 10005

24056097



2. Principal Place of Business
 20 Inv Tax Group
 Suite, Apt. #, etc.
 10 Hanover Sq, 22 Fl

3. Mailing Address
 20 Inv Tax Group
 Suite, Apt. #, etc.
 10 Hanover Sq, 22 Fl

04202004 Chg-LLC CR2E083 (10/03)

City & State
 New York NY

City & State
 New York NY

Zip
 10005

Country
 USA

Zip
 10005

Country
 USA

4. FEI Number
 75-2831720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	ROTHENBERG, STUART M	85 BROAD ST	NEW YORK, NY 10004	<input type="checkbox"/>
MGR	NEIDICH, DANIEL M	85 BROAD ST	NEW YORK, NY 10004	<input checked="" type="checkbox"/>
MGR	ROSENBERG, RALPH R	85 BROAD ST	NEW YORK, NY 10004	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **STUART ROTHENBERG** 4-23-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #