

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90032 017 ***150.00

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01182005No Chg-LLC CR2E083 (10/03)

DOCUMENT # M99000001266
 1. Entity Name
 WHCB-B 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
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2831720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ (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 ST NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAMER, BRAM M 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 SEESNEY, 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 **4-8-05** **212 902 1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #