

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

04-20-2005 90032 017 ***150.00

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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

20038584



01182005No Chg-LLC

CR2E083 (10/03)

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 _____

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	MGR
NAME	ROTHENBERG, STUART M
STREET ADDRESS	85 BROAD ST
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	MGR
NAME	KRAMER, BRAM M S
STREET ADDRESS	85 BROAD ST
CITY-ST-ZIP	NY, NY 10004
TITLE	MGR
NAME	KAVA, ALAN S
STREET ADDRESS	85 BROAD ST
CITY-ST-ZIP	NY, NY 10004
TITLE	MGR
NAME	SEESNEY, JOSEPHINE
STREET ADDRESS	85 BROAD ST
CITY-ST-ZIP	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: _____

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

Alan Kava

4-8-05

Date

212 902 1000

Daytime Phone #