

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000015

1. Entity Name
Westbrook Family Partnership, LTD.

Principal Place of Business **Mailing Address**

c/o Hugh A. Westbrook 158 S Prospect Drive
P.O. Box 113440 Coral Gables, FL
Miami, FL 33111 33133

FILED

01 MAY -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0371068 **Applied For**
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Westbrook, Hugh A.
158 S. Prospect Drive
Coral Gables, FL 33133

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

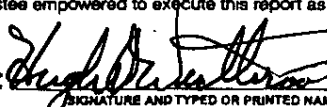
9. Capital Contributions as Shown on record. **10. Amount of Capital Contributions in FLORIDA to date.** 1,309,500.00

MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------|--------------------------|-----------------------|
| DOCUMENT # | P92000000354 | STREET ADDRESS | |
| NAME | Westbrook Family Corporation | CITY-ST-ZIP | |
| STREET ADDRESS | 158 S. Prospect Drive | | |
| CITY-ST-ZIP | Coral Gables, FL 33133 | | |
| DOCUMENT # | | STREET ADDRESS | 500004341045-- |
| NAME | | CITY-ST-ZIP | -06/05/01--01016--019 |
| STREET ADDRESS | | | ***150.00 ***150.00 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 588884341045-- |
| NAME | | CITY-ST-ZIP | -06/05/01--01016--019 |
| STREET ADDRESS | | | ***535.00 ***535.00 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **HUGH A. WESTBROOK** **4/30/01** **305/350-5921**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0R2E003 (11/00)