

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 PM 1:17



1. Name of Limited Partnership WESTBROOK WESTCHASE, L.P.		1a. DOCUMENT # B97000000403	
Mailing Address 599 LEXINGTON AVE. SUITE 3800 NEW YORK NY 10022	Principal Office Address 599 LEXINGTON AVE. SUITE 3800 NEW YORK NY 10022	3. Date Formed or Registered 08/11/1997 3a. Date of Last Report 12/31/1997 4. State or Country of Formation DE	5a. Capital Contributions as Shown on record. \$12,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$9,794,042.90
2. Mailing Address 3030 LBJ Freeway Suite, Apt. #, etc. LB-6, Suite 1500 City & State Dallas, Texas Zip 75234	2a. Principal Office Address Suite, Apt. #, etc. City & State City Country USA	6. FET Number 13-3960204 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) WESTBROOK WESTCHASE GP, LL	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 599 LEXINGTON AVE., S	11b. City, State & Zip Code NEW YORK NY 10022	11c. Registration/ Document Number M97000000493
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-01/12/99-01095-016
***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Scott H. Raskin DATE December 5, 1998

Typed or Printed Name of General Partner Signing Form By: Scott H. Raskin, Asst. Secretary Daytime Telephone Number 972-443-6000

CR2E003 (8/98)