2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam		00000403							9
WESTBROOK WESTCHASE, L.P.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			_
Principal Place of Business 599 LEXINGTON AVE. SUITE 3800 NEW YORK NY 10022		Mailing Address 3030 LBJ FREEWAY LB-6, SUITE 1500 DALLAS TX 75234				02 JAN 22 PM 1: 4			
2. Principal P 3030 L	Place of Business BJ Freeway	3. Mailing Address				- 1 IOO FIRM HOLE AND E INDIA INDIA ON AN ANALY DEAL OF THE PINA PINA DEILE CHIL INDIA			
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State Dallas, TX		City & State				4. FEI Number	13-3960204	Applied For Not Applica	
Zip 7 5234	Country USA	Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				City FL Zip Code					
9 The above	named entity submits this statement i	for the purpose of changing its	ragiotar	ad office or	rogistor	ad agant or both		<u>- </u>	
SIGNATURE . 9. Capital Co aş Shown o	on record. \$ 12,000,000.00	10. Amount of Capita in FLORIDA to da	te.	\$9,892	, 972.	63		OR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENT AY NOT be changed on the	rity M e form	UST BE F 1: an ame	REGIST ndmen	ERED AND AC t must be filed	CTIVE WITH THIS OFFICE	CE. artner.	
12.	GENERAL PARTNE		13.	.,			ADDRESS CHANGES ON		٥.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M9700000493 WESTBROOK WESTCHASE GP, L.L.C. 599 LEXINGTON AVE., SUITE 3800 NEW YORK NY 10022			EET ADDRESS -ST-ZIP	3030 LBJ Freeway, Suite 1500 Dallas, TX 75234				CR2E003 (9/01)
DOCUMENT #			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	<u> </u>			3	
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			****526.25	****526.25	
CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			· -		
CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					_
NAME STREET ADDRESS				ET ADDRESS					\dashv
CITY-ST-ZIP			<u> </u>	-ST-ZIP					
14. I hereby of indicated the receive	certify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	th this filing does not qualify for dithat my signature shall have the second as required by Chapter the chapter in the chapter is report as required by Chapter in the chapter is report as required by Chapter in the chapter is report as required by Chapter in the chapter is report as required by Chapter in the chapter i	the exer ne same er 620	mption state e legal effect Florida State	ed in Sec at as if m	ction 119.07(3)(i), ade under oath; t	Florida Statutes. I further ce hat I am a General Partner o	rtify that the information of the limited partnership	o or

.L.C., its General Partner

SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

972-443-6000