2001 UNIF	ORM B	USINESS	REPORT	(UBR
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DOCUMEN 1. Entity Name	T# B990 0	0000105		102.0				15326
TERRABROOK VISTA LAKES, L.P.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address 599 LEXINGTON AVENUE. SUITE 3800 3030 LBJ FREEWAY NEW YORK NY 10022 LB-6. SUITE 1500 DALLAS TX 75234					H 9: 42			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			 	DO NOT WRITE IN THIS SPACE				
City & State City & State				4. FEI Number APPLIED FOR Applied For			ole	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address City	et Address (P.O. Box Number is Not Acceptable)				
8. The above named er	ntity submits this statement fo	r the purpose of changing it	ts register	ed office or registe	ice or registered agent, or both, in the State of Florida.			
SIGNATURE Signature, typ	ped or printed name of registered agent	and title if applicable. (NC	TE: Registere	nd Agent signature require	d when reinstating)	DAT	E	
Capital Contributions as Shown on record.	\$14,000,000,00	10. Amount of Cap in FLORIDA to				SEE REVERSE SIDE	BLE TO DEPT OF STATE FOR FEE INFORMATION	
NO1	A GENERAL PARTNER 1	Y NOT be changed on	the form				partner.	
DOCUMENT # M9900000305 NAME TERRABROOK VISTA LAKES GP, L.L.C. STREET ADDRESS CITY-ST-ZIP DALLAS TX 75234			EET ADDRESS		ADDRESS CHANGES	UNLT	R2E003 (11/00)	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS	10	0003791 -03701701- ***2276,25	8314 01091011 ****526.25	CR2
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		 		7
indicated on this rep the receiver or trust By: Terral	the information supplied with port is true and accurate and ee empowered to execute thi brook Vista Lake	that my signature shall have s report as required by Cha es GP, L.L.C.,	e the same pter 620, l a DE	e legal effect as if r Florida Statutes	nade under oath; f	that I am a General Partne	certify that the information r of the limited partnership	or
SIGNATURE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENE TT H. RASKIN,	RAL PARTNE			2/15/01 Date	972-443-6000 Daytime Phone #	
	500							