## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

DOCUMENT # F9700002238  1. Entity Name WESTERRA FLORIDA REALTY CORPORATION						Secretary of State 01-22-2002 90105 004 ***150.00			
Principal Place of Business 3030 LBJ FREEWAY LB#6 STE 1500 DALLAS TX 75234 US		Mailing Address 3030 LBJ FREEWAY LB#6 STE 1500 DALLAS TX 75234 US							
2. Principal I	Place of Business	3. Mailing Address	i. Mailing Address			) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			<b>4.</b> F	FEI Number 75-2694533		oplied For	
Zip	Country	Zip	Country	/	5. (		\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent			7. 1	Name and Address of New Registered A			
0.7.000	DODATION OVOTELL			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Ad	t Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				011			T =: 0 :		
				City		FL	Zip Code	e	
Tax filing requirement and elects to do so.  (See criteria on back)  After Ma Make Check			NOW!!! FEE IS \$150.00 1, 2002 Fee will be \$550.00 Payable to Department of Sta						
11.	OFFICERS AND DI		12.		AD	DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD NESBIT, J. SCOTT 633 W 5TH ST, #6770 LOS ANGELES CA 90071	☐ Delete	CITY-S	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAME, DAVID L 5360 LAUREL OAK DR SUWANEE GA 30024	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP	625 Wes Roswell	st Crossville Road, Su ., GA 30075	Change	Addition 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASKIN, SCOTT H. 3030 LBJ FREEWAY, LB6, #1500 DALLAS TX 75234	□ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHOSNEK, IVAN 3300 PGA BLVD #700 PALM BEACH FL 33410	☐ Delete	NAME STREET CITY-S	ADDRESS 1- ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO SCROGGINS, MARCUS L. 3030 LBJ FREEWAY, LB6, #1500 DALLAS TX 75234	□ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP			Change	Addition	
indicated of the cor	certify that the information supplied with th I on this report or supplemental report is tr rporation or the receiver or trustee empow , or on an attachment with an address, wit	ue and accurate and that m ered to execute this report a	v signatur	e shall ha	ve the same li	egal effect as if made under oath: that La	m an officer	or director	

972-443-6000 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE