

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MD00000000673**

1. Entity Name
PARKLANDS DEVELOPMENT, L.L.C.

Principal Place of Business Mailing Address
599 LEXINGTON AVE., SUITE 3800 599 LEXINGTON AVE., SUITE 3800
C/O WESTBROOK REAL ESTATE PARTNERS LLC C/O WESTBROOK REAL ESTATE PARTNERS LLC
NEW YORK NY 10022 NEW YORK NY 10022

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001
400004710954--7
-12/06/01--01012--011
*******50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

TITLE **Managing Member** ☐ Delete
NAME **Westbrook Real Estate Fund II, LP**
STREET ADDRESS **13555 Noel Road, Suite 2400**
CITY-ST-ZIP **Dallas, TX 75240**

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Signature Required (No Treasurer of)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date
Signature Required (No Treasurer of)
Managing Member 7/14/01

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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STAPLE CHECK HERE